

RN

JUNE 1959



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RN contents

VOLUME 22 • NO. 6 • JUNE 1959

Diuretics to Fight Edema.....33

An expert explains how they drain body tissues and help save patients who are suffering from excess fluids

Saving the Congenitally Defective Baby.....38

Here are the signs that can mean continued life for him—if you report them to the doctor at once

You're the Spark Plug for the Clean-Up Team.....43

P.N.s, aides, maids, and janitors all take their cues from you, says this housekeeper, who asks your backing

Is Private Duty on the Way Out?.....46

Here's what the statistics say—and what the private duty nurse answers in rebuttal

An RN Refresher: Guides for Giving Medications..51

Five questions and answers spotlight the things you need to remember each time you give a drug

How to Keep Healthy When Traveling.....53

These easy-to-remember tips will help you make your vacation trip—or your patient's—a carefree one

—MORE ►

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contents

Compulsory Health Insurance for the Aged56

Here's an easy-to-grasp summary of the Forand proposals—
and who's for them, who's against them, and why

DEPARTMENTS and SHORT FEATURES

<i>Letters</i>	11
<i>Literature and Samples</i>	31
<i>Twins in Triplicate Baffle R.N.s</i>	37
<i>Steering Clear of Libel</i>	42
<i>How to Live With Your Feet</i>	50
<i>How to Use Plastic Surgical Drapes</i>	55
<i>Diapering the Congenital-Hip Baby</i>	59
<i>Uniform Quilt</i>	61
<i>'... as Well as Can Be Expected'</i>	62
<i>What's New in Drugs</i>	76
<i>News</i>	21
Profession Gains 30,000, Needs 56,000 More.....	21
Rise in B.P. After 65 Is Found Slight.....	21
Facts About Food Fads.....	21
Has Sepsis Increased in the 'Antibiotic Age'?.....	22
Warning Cites Embolism Risk in Y-Type I.V.s.....	22
Low Pay Blamed for Nursing Shortage.....	23
Central Supply Personnel Form Own Organization....	24
Check Soap Content, Doctors Suggest.....	24
Proposed Law Would Help Many R.N.s.....	25
Nursing's Honor Society Installs New Chapter.....	25
M.D.s Favor Autoclaving Local Anesthetics.....	26
Capsules	28



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destroys all 3 principal pathogens

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Whether vaginitis is caused by *Trichomonas*, *Monilia* or *Hemophilus vaginalis*—alone or combined—**TRICOFURON IMPROVED** swiftly relieves symptoms and malodor, and achieves a truly high percentage of cultural cures, frequently in 1 menstrual cycle. **TRICOFURON IMPROVED** provides: a *new* specific moniliacide **MICOFUR®** brand of nifuroxime, the *established* specific trichomonacide **FUROXONE®** brand of furazolidone and the *combined* actions of both against *Hemophilus vaginalis*.

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JUNE 1959

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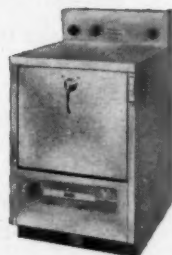
UTENSIL WASHER-SANITIZER



protects patients and personnel against cross contamination - - dependably and at less cost.

Prevention of cross contamination from patient utensils is accomplished rapidly, automatically and at reduced cost with the American Utensil Washer-Sanitizer. The powerful detergent wash, double rinse and steaming cycles are completed in 22½ minutes . . . with no attention from nursing personnel other than loading and unloading. Three sets of utensils are processed in two loads.

The American Utensil Washer-Sanitizer is economical to install and pleasant for nursing personnel to use. It assures uniformly high standards of cleaning and sanitizing by eliminating the possibility of human error . . . and, its modest cost is more than justified by the saving in personnel time alone.



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throbs all day, could explode



like a big rubber band



don't dare blow my nose

resolve sinus or frontal headache ^{new} **Sinutab**

The misery of sinus headache can now be relieved with the single new prescription—Sinutab. Doctors and patients all over the country are finding it gives prompt, lasting relief.

Sinutab aborts pain/decongests/relieves pressure/and provides mild tranquilizing action to relax the patient

When you have a patient suffering from sinus or frontal headache, check with your chief or supervisor for the use of Sinutab. Sinutab is a safe preparation which you may have full confidence in recommending.

DOSAGE: Adults: Two tablets every four hours. Prophylactically, one tablet every four hours. Children 6 to 12 years: one-half adult dosage. **FORMULA:** N-acetyl-para-aminophenol (APAP) 150 mg., (2½ gr.); Acetophenetidin, 150 mg., (2½ gr.); Phenylpropanolamine HCl, 25 mg., (¾ gr.); Phenyltoloxamine Dihydrogen Citrate, 22 mg., (⅓ gr.). **SUPPLIED:** Bottles of 30 tablets.

*TRADEMARK

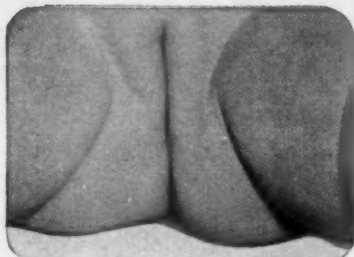


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Typical diaper rash



White's Vitamin A & D Ointment applied at every diaper change for one week.



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KENILWORTH, NEW JERSEY

RN • JUNE 1959 9



The illustration shows a hand with several fingers. The joints of the fingers are depicted with dark, textured shading to represent inflammation or pain. A speech bubble originates from the hand, containing the text 'BETTER TOTAL EFFECT'. A line from the hand points down towards the text 'in providing pain relief for the ARTHRITIC PATIENT'.

**"BETTER
TOTAL
EFFECT"**

*in providing pain relief
for the
ARTHRITIC PATIENT*

*Affords adequate, temporary surcease
from the minor aches and pains*

An important assay of an analgesic is its total effect on the patient suffering pain.¹ Anacin Tablets afford prompt pain-relief and . . . by reducing nervous tension and anxiety . . . exert a better total effect on the patient than aspirin or any buffered aspirin. The physician should find the inotropic action of Anacin helpful in relieving voluntary muscle spasms encountered in rheumatoid arthritis—and in leaving the patient more relaxed. Anacin also effectively reduces inflammation and is superior to aspirin in reducing fever. Being sodium-free, the technique of 'massive therapy' may be successfully employed with Anacin without causing sodium accumulation or edema. Tolerance is excellent.

ANACIN®

WHITEHALL LABORATORIES,
NEW YORK, N. Y.

Reference: 1. Hardy, James D.: *The Nature of Pain*
Journal of Chronic Diseases, Vol. 4, July 1951

RN

letters

RELIGIOUS RITES

DEAR EDITOR: May I congratulate RN? I have been a subscriber for a great many years and, really, each issue seems better than the last. "Meeting Your Patients' Religious Needs" is splendid! And "You Can't Turn Back the Clock" is a most timely warning.

I also enjoy the articles on procedures and treatments. RN keeps me on my toes!

Leonore Copeland, R.N.
Melrose, Mass.

DEAR EDITOR: Thank you for meeting a need of so many nurses with your excellent religious article. It's not often one finds such concise and practical information. The check-list of religious rites would well be inserted in every hospital's nursing procedure book.

Dorothy Hale, R.N.
Lansdowne, Pa.

DEAR EDITOR: . . . Would it be possible to obtain reprints . . . to instruct our hospital's internes and residents?

Allan P. Skoog, M.D.
Chicago, Ill.

DEAR EDITOR: . . . Reprints . . . would

be most valuable. Please notify me if they're available.

Alice V. Davis, R.N.
San Diego, Calif.

DEAR EDITOR: . . . My compliments on your informative article . . . I would like to order one hundred reprints.

Mary C. Keaney, R.N.
Boston, Mass.

Reprints of this article are now available at the following prices: single copies \$.10; 25 copies \$2.25; 50 copies \$4.00; 100 copies \$7.50; 500 copies \$32.50; 1,000 copies \$50.00.—Ed.

'IGNORANCE OF THE FACTS'

DEAR EDITOR: In her article "You Can't Turn Back the Clock," (RN, March), Martha Dudley says that under the old hospital training system students "needed to know little if anything about drugs."

As one of the "old timers," I resent that statement. I was taught a great deal about drugs.

Also: We gave hypodermoclysis and proctoclysis—even oxygen occasionally.

I think the article shows a lack

letters

of insight and an ignorance of the facts.

Incidentally, I once heard a nurse say that "anybody can give a bath." I disagree. I think the method of giving a bath is very important.

Lois Lewis, R.N.
Omaha, Neb.

EMERGENCY ASPIRATOR

DEAR EDITOR: While I was specializing a critically ill CVA patient in her home, she filled up with mucus. I didn't have an aspirator, so I tried to remove the mucus with a catheter and a 50-cc. syringe. But it was too slow.

I looked around for something to give better suction and immediately thought of the vacuum cleaner. When I got it out and looked at the sprayer attachment, it occurred to me that *that*, used in reverse, would be just the thing.

To be sure the spray jar would be air-tight, I lined the cover with a trimmed-down Mason-jar rubber. Then I removed the spray valve, attached a catheter in its place, and connected the vacuum hose to the jar.

Since I wanted suction, I connected the other end of the hose to the vacuum (not the blower) end of the machine. *More►*



FAST, CONVENIENT, EASY TO USE. Just slip the Cuff around any size adult arm . . . hook . . . and you're ready! Gage is attached to cuff, minimizing danger of accidental dropping. Accurate as long as the pointer returns within zero. Complete with Leather Case. **No. 5090** Attached-to-cuff Model, \$46.50. TYCOS hand model is recommended for Recovery Rooms. Cuff can be left on patients — you carry only the gage. **No. 5098** Hand Model, \$49.50. **Send for free booklet** on how to take blood pressure. Taylor Instrument Companies, Rochester, N. Y.; Toronto, Ont.

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Why the
FLEET® ENEMA
Disposable Unit
has a two-inch
rectal tube¹

A rectal tube, inserted over two inches, may cause tearing of the mucosa or perforation.² For safety and efficacy, insist on FLEET ENEMA Disposable Unit with the two-inch, anatomically correct, pre-lubricated rectal tube.³ Each hand-size, squeeze bottle, contains per 100 cc, 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate. Adult Size, 4½ fl. oz. . . . Pediatric Size, 2¼ fl. oz.

Also gentle, prompt, thorough . . . PHOSPHO-SODA (Fleet), saline laxative of choice . . . 48 Gm. sodium biphosphate, 18 Gm. sodium phosphate per 100 cc.

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Disposable Unit



References: 1. Pratt, J. H. and Jackman, R. J., Proc. Staff Meeting, Mayo Clinic 20:277, 1945. 2. "Injuries to bowel as result of an enema", Frech, H. C. and Lanier, L. R., Jr., Am. J. Obst. & Gyn. 74:146, 1957. 3. Bookmiller, R. N. and Bowen, G. L., "Text-book of Obst. and Obst. Nursing", 3rd Ed., Saunders, 1958.

G. B. FLEET CO., INC., Lynchburg, Virginia

letters

I tested the device in a pan of water. Then I used it on my patient. She got immediate relief and her condition started to improve.

Agnes M. Handly, R.N.
Springfield, Vt.

them by working with our professional organization—not by joining a trade union.

Sylvia Bennett, R.N.
Memphis, Tenn.

C.I.O.? NO!

DEAR EDITOR: One of your correspondents says: "The sooner we join a union and let someone fight for us, the better off we'll be."

Has this R.N. ever thought what would happen to her patients if nurses were to strike like common laborers?

I agree that nurses should get better salaries. But we should get

PAY AND THE PUBLIC

DEAR EDITOR: The high cost of hospitalization has given the public the false idea that R.N.s get big salaries.

Why doesn't some well-qualified nurse write for the popular magazines (Life, Look, etc.) to help correct such wrong impressions?

Beatrice Runion, R.N.
Riverside, Calif.

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You want the modern, efficient cleansing of detergents with their greater surface activity and more effective penetration. That's why you'll prefer Trichotine for your most personal cleansing.

It's a detergent vaginal douche, and once you have used it, you'll recommend it to patients for their most personal cleansing. Trichotine cuts through the viscid vaginal secretions and provides rapid and complete penetration for its healing and soothing ingredients. And there's no lingering or vinegar odor.

Physicians prescribe Trichotine for feminine hygiene, postcoital and postmenstrual irrigation, pruritus vulvae, vaginitis and vulvovaginitis, and cervicitis.

Trichotine is for your most personal cleansing.

in vaginitis—vulvovaginitis—cervicitis—pruritus vulvae—
postcoital and postmenstrual hygienic irrigation

TRICHOTINE®

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round
and round
and round
she goes
but when she eats, nobody knows.

MYADEC helps correct vitamin-mineral deficiencies in people whose dietary habits are poor. Just one capsule daily supplies therapeutic potencies of nine important vitamins together with significant amounts of eleven essential minerals and trace elements.

Each MYADEC Capsule contains:

VITAMINS:

Vitamin B ₁ (crystalline)	5 mg.
Vitamin B ₂ (riboflavin)	10 mg.
Vitamin B ₆ (pyridoxine hydrochloride)	2 mg.
Vitamin B ₁₂ mononitrate	10 mcg.
Nicotinamide (niacinamide)	100 mg.
Vitamin C (ascorbic acid)	150 mg.
Vitamin A (7.5 mg.)	25,000 units
Vitamin D (25 mcg.)	1,000 units
Vitamin E (d-alpha-tocopheryl acetate concentrate)	5 I.U.

MINERALS (as inorganic salts):

Zinc	0.15 mg.
Manganese	1.0 mg.
Cobalt	0.1 mg.
Strontium	5.0 mg.
Selenium	0.2 mg.
Iodine	15.0 mcg.
Copper	1.0 mg.
Iron	1.5 mg.
Magnesium	6.0 mg.
Calcium	105.0 mg.
Phosphorus	80.0 mg.

Bottles of 30, 100, 250, and 1,000.

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And if, like thousands of women, your skin is sensitive to ordinary cosmetic preparations, then Marcelle Hypoallergenic Cosmetics have a special importance for you.

Custom-formulated to provide cosmetic elegance uncomplicated by ingredients that can create allergic skin reactions, Marcelle's *complete* line of beauty aids is particularly well suited to nurses constantly exposed to drugs or chemicals that may increase the likelihood of cosmetic sensitivity reactions.

For loveliness that "heals" when cosmetic sensitivity is a problem, choose

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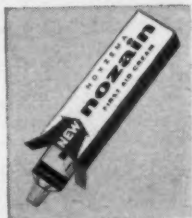
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COSMETICS
Pharmaceutical Division
350 Madison Avenue
New York 17

New Anesthetic Healing Discovery

*Specially designed to relieve
intense itch—speed natural healing!*



A new medicated cream that makes possible more effective relief from skin injuries has been announced by the Noxzema Chemical Company.

Unlike ordinary "first-aid creams," this new formula is not just antiseptic, *but anesthetic, too!* In addition to its bacteriostatic action, it works directly on nerve-endings to bring pain relief.

Identified by the trade-name "Noxzema," this greaseless cream com-

bines isobutyl-paraaminobenzoate for almost instant pain relief, with bithionol—the bacteriostatic discovery that guards open cuts from further infection and helps prevent the spread of epidermal irritations. In addition, other ingredients actually speed up the natural healing process.

In cases of intense itch it proves itself of special benefit because it quickly alleviates the pain and thus helps eliminate the patient's dangerous urge to scratch.

Since Noxzema relieves without sting or burn, it is specially recommended for children's skin injuries. It is available in tubes at all pharmacies for over-the-counter sale.

Medicated Noxzema eases acute discomfort due to 5 kinds of skin irritation

Medicated Noxzema relieves skin discomfort fast, speeds healing. It's pleasant, *greaseless*, non-sticky. You can recommend and use Noxzema

confidently. This famous cream has been tested and proved in home use for over 25 years. Highly suitable for the following uses:

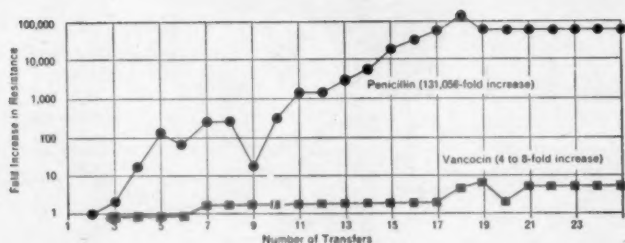
1. An effective, cleansing, medicated treatment for *adolescent blemishes*.*
2. Helps heal *rough, red hands*. Softens, smooths, beautifies—fast!
3. America's #1 sunburn remedy. Cools, soothes, brings relief to *sunburn agony* in 3 seconds.
4. Helps heal even difficult cases of infant *diaper-rash burn*.
5. A Noxzema massage brings immediate comfort to patients with *bed-or-bandage sores*.

*surface blemishes



an important new solution
to the problem of resistant
staphylococcus infections

VANCOCINTM



DEVELOPMENT OF RESISTANCE BY STAPH. AUREUS TO VANCOCIN AND PENICILLIN

● Vancocin is bactericidal in readily achieved serum concentrations.

● Vancocin is effective against antibiotic-resistant pathogens. Cross-resistance does not occur.

● Vancocin averts the development of antibiotic-resistant organisms.

Supplied: Only as Vancocin, I.V., 500 mg., in 10-cc. rubber-stoppered ampoules.

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VancocinTM (vancomycin, Lilly)

ELI LILLY AND COMPANY
INDIANAPOLIS 6, INDIANA, U.S.A.



Isn't it time to take the curse off menstruation?

"Ignorance, fear, shame and guilt intermingled with a generous sprinkling of folklore serve to make the menses even today thought and spoken of as 'the curse'."¹

"The chief virtue of the tampon is that it gives the woman complete freedom..."² It has "the advantage of being wholly internal and much more comfortable than wearing a pad or napkin."³

Complete efficiency is provided by the purse-size package of regular Tampax 10's, designed to absorb considerably more than the average monthly flow.

Because of its efficiency and its 18-year clinical record for safety,⁴ Tampax is recommended widely by the profession to free women from the physical discomforts and the psychological hazards of the difficult days... from menarche to menopause.



TAMPAX

The world's leading internal menstrual guard.
3 absorbencies to meet varying needs: Regular, Super, Junior.

Tampax Incorporated, Palmer, Mass. 1. Novell, H. A.: Obst. & Gynec. 10:213, 1957. 2. Bernstein, J. B., and Rakoff, A. E.: Vaginal Infections, Infestations and Discharge, New York, The Blakiston Co., Inc., 1953. 3. Janney, J. C.: Medical Gynecology, Philadelphia, W. B. Saunders Co., 1950. 4. Karnaky, K. J.: Clin. Med. 3:345, 1956.

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RN news

Profession Gains 30,000, Needs 56,000 More

The nation last year had an estimated 460,000 R.N.s in active practice—30,000 more than in 1956. But an additional 56,000 are needed to reach a goal of 300 R.N.s per 100,000 population. (The 1958 ratio: 268:100,000.)

The gain is due largely to (1) an increase in the number of part-time workers, and (2) the return of married, inactive nurses to active duty.

All major fields of nursing except one showed numerical gains in the 1956-58 period. Only the private duty total dropped—from 72,000 to 70,000 (2.8 per cent).

These estimates were made by the American Nurses' Association, the National League for Nursing, and the Public Health Service.

Rise in B.P. After 65 Is Found Slight

When a woman reaches 65, her systolic pressure may rise a bit till she's 70 (or even 74); after that, it drops steadily. Meanwhile, her diastolic pressure stays fairly constant.

A man, on the other hand, can

generally expect his B.P. to show little change after 65.

These findings, reported by Dr. Arthur M. Master and associates of New York City, are based on data gathered by questionnaire from some 5,000 physicians who supplied pressure readings on nearly 5,800 oldsters.

Facts About Food Fads

Popular food fads are mostly nonsense, says Dr. Robert E. Olson of the University of Pittsburgh's Graduate School of Public Health. He makes these points:

¶ Yogurt, blackstrap molasses, wheat-germ oil, and similar fad foods don't have any special powers beyond their basic nutritional content.

¶ If your diet is now adequate, taking vitamin pills won't improve your health in the least.

¶ No special food or system of dieting will cure a given disease; for instance, currently touted "elimination" regimens will not cure hypertension, diabetes, anemia—or even obesity.

¶ When it comes to reducing, special foods and diets are often expensive and nutritionally poor;

news

so don't try living on steak and prunes, raw tomatoes, or hard-boiled eggs; a moderate, balanced, low-calorie intake is what counts.

Has Sepsis Increased in The 'Antibiotic Age'?

Many nurses concerned with postoperative care would probably answer the above question with a resounding "Yes!" But a study team has found that as far as the Massachusetts General Hospital in Boston is concerned, there's been little change in the past twenty-one years.

The team, headed by Dr. Benjamin A. Barnes, analyzed the re-

sults of 9,447 inguinal herniorrhaphies and abdominal hysterectomies. The conclusion: "The risk of sepsis has neither increased nor decreased."

The team also concluded that much of the postoperative sepsis seen today is a direct result of longer and more complicated operations on older and more debilitated patients.

Warning Cites Embolism Risk in Y-Type I.V.s

When you're giving a Y-type infusion, be sure you take special precautions to prevent air embolism.



let the new KNOX REDUCING BROCHURE save your time for more essential

Just a few moments is all it takes to outline a personal diet for patients with the KNOX Reducing Brochure. Color-coded diets of 1200, 1600 and 1800 calories are based on Food Exchanges¹. . . eliminate calorie counting . . . promote accurate adjustment of caloric levels to the individual patient. New, personalized cover helps build patient acceptance for professional instructions.

1. The Food Exchange¹ referred to are based on material in "Meal Plans with Exchange Lists" prepared by Committee of the American Diabetes Association, Inc. and the American Dietetic Association in cooperation with Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

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fused is below heart level while the fluid is running. This means keeping the patient from moving his arm to a higher level, for such a move could cause negative pressure in the vein.

Low Pay Blamed for Nursing Shortage

"Low pay causes more and more R.N.s to quit. That means more and more vacancies. The vacancies in turn put a heavier work load on those who remain. Then nurses begin to quit for *that* reason too."

This is how one R.N. sums up the situation in New York City's twenty-eight tax-supported hospi-

[illegible]

news

tals, which are said to have a shortage of 4,400 staff nurses (53 per cent).

The state nurses' association has requested wage increases for all city-employed R.N.s. The proposed schedule would boost the starting pay of general duty nurses from \$3,750 a year to \$4,550, and that of public health nurses from \$4,250 to \$5,150.

Central Supply Personnel Form Own Organization

Another branch of hospital nursing has formed a national organization of its own.

Central supply department nurs-

es, lacking separate section status in the American Nurses' Association, have organized the National Association of Hospital Central Service Personnel. In April they elected Mrs. Eva Buckingham of Chicago as their first president.

Check Soap Content, Doctors Suggest

Does the soap you use in scrubbing endotracheal tubes contain 3 per cent hexachlorophene?

Drs. Joanne R. Smith and William S. Howland of New York City say it should. They studied various scrubbing techniques and found that the usual concentrations (0.6



new KNOX BLAND DIETS BROCHURE can provide time-saving dietary guidance

Modern management of gastritis, hyperacidity and peptic ulcer¹ continues to stress the valuable role of bland diets in these conditions. You can save considerable time and avoid tiresome repetition by suggesting the new Knox Bland Diets Brochure. Based on a recent review of the literature, **BLAND DIETS in Gastritis and Peptic Ulcer** presents basic facts patients need to know about bland foods, frequent feedings and high protein diet. Easily individualized, this new Knox Brochure enables the ambulatory, non-hospitalized patient to progress from a soft bland diet to a permanent bland diet via four specific menus.

1. Kirsner, J. B.: J.A.M.A. 166:1727, (April 5) 1958.

to 0.8 per cent) sterilize less than half the tubes; but a 3 per cent concentration sterilizes all of them.

Proposed Law Would Help Many R.N.s

If you aren't now covered by unemployment insurance, just hold on—you may be eligible for Federal coverage in the future.

At present, most hospitals, colleges, and other nonprofit organizations aren't included in the Federal Unemployment Insurance Act. In some states (New York, for example), the state program takes care of employees of these institutions—but only if the employer's

willing to pay for such coverage and requests it.

Now the Administration is sponsoring a bill to amend the Federal act so it will cover nonprofit organizations. Washington sources say the proposed law would make some 1,300,000 workers eligible for unemployment benefits for the first time, including an estimated 650,000 hospital employees.

Nursing's Honor Society Installs New Chapter

Here's an indication that your profession's prestige is growing in academic circles: Sigma Theta Tau, nursing's only national honorary



NEW EDITION—

completely re-written—28 pages—
including lists of food to avoid,
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Please send _____ dozen copies of the new Knox
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news

society, has added its thirteenth chapter, at Syracuse University School of Nursing.

The society, founded in 1922 at Indiana University, now has about 3,000 members. Its aims: to promote high professional standards, foster creative work, and encourage scientific research in all areas of nursing.

The society establishes chapters at degree-granting college and university schools. Each chapter selects its members from among nursing students who've completed half their degree program or more, and who've maintained high grades.

Nurses who already have de-

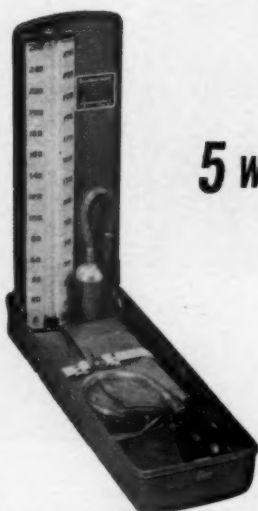
grees are eligible for selection as associate members if they're in teaching or school administration, or if they're doing graduate work outside the nursing field.

The society also selects honorary members by vote of all its chapters. Only seven outstanding nurses have been so honored to date.

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You can safely autoclave vials and bottles of local anesthetics, for the drugs aren't harmed by the heat.

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*Spiesman, M. G., and
Malow, L.: *Essentials of
Clinical Proctology*, Ed. 3,
New York, Grune &
Stratton, 1957.

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28 RN • JUNE 1959

news

Seattle, Wash., in a report to the American Medical Association.

They say autoclaving has two advantages: (1) It sterilizes the drug itself, not merely the container. (2) This eliminates the risk that a sterilizing solution may seep into the container and contaminate its contents.

The clinicians recommend thirty-minute sterilization of the anesthesia tray at 225 to 260 degrees F. (pressure: eighteen to twenty-two pounds).

capsules

All partially used bottles of blood should be discarded, says American Association of Blood Banks. Cultures show more than 10 per cent of opened bottles are contaminated...

Upswing in V.D. among teen-agers has continued for three straight years, American Social Hygiene Association reports...

Disposable I.V. transfusion sets feature new spiral spring clamp to control drip rate. Clamp is said to be slip-proof...

Major changes in diet since 1910: Average American eats 42 per cent less white flour, 46 per cent less white potato, 411 per cent more citrus fruit—and drinks 83 per cent more coffee...

Successful experiment in cancer therapy reported [More on 88]

LIKE SITTING ON A CLOUD!



NEW RESTEE FOAM LATEX CUSHION

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No. 480 (Medium) and No. 481 (Large)—
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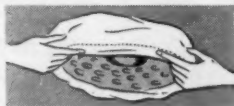
A cushion of many uses.

The Restee Cushion has countless uses for the invalid as well as the able-bodied. Ideal for hospital beds, wheel chairs, home use.

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RN

literature and samples

POISON IVY IMMUNITY: Favorable results have been reported from controlled studies with the product, Aqua Ivy. These studies are summarized in a journal reprint, and a booklet "Facts You Should Know About Poison Ivy and Poison Oak". SYNTEX CHEMICAL CO., INC. **F-1**

PREMENSTRUAL TENSION: The makers of M-Minus 5 present the theory that premenstrual tension results from a cyclic disturbance of water metabolism and is essentially a water toxemia. The relationship of the product to the syndrome is explained in literature, and a professional sample is included. WHITTIER LABORATORIES. **F-2**

UNIFORMS STAY WHITE: The use of Easy Wash liquid laundry aid, to keep uniforms immaculate, is explained. Simply apply the product to stubborn stains before washing. Literature, and a trial sample of Easy Wash are provided. VAN WYCK PRODUCTS CO., INC. **F-3**

PREPARATION FOR BETTER HEARING: Sometimes it's difficult to convince the hard of hearing patient that he should consider a hearing aid. An attractively designed booklet bears the

title "Naturally, You Can Hear Again." An understanding of its contents can help the viewpoint of the prospective hearing aid user. ACOUSTICON INTERNATIONAL. **F-4**

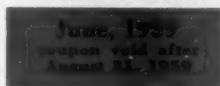
CLEAR SKIN: "Four Important Questions Often Asked About Pimples and Blemishes" is the title of a folder about the use of Clearasil Ointment, Lotion and Soap. A sample of Clearasil is also included. EASTCO, INC. **F-5**

UNIVERSAL HOSPITAL BED: Here's a hospital bed contained within the perimeter of a double frame made of tubular metal. Controls permit turning or transferring patient with speed and ease. The device is also well adapted to traction therapy. A booklet on the Stryker CircOlectric Universal Hospital Bed is offered by ORTHOPEDIC FRAME CO. **F-6**

LOW-SODIUM DIETS: Patients quickly become weary of the usual salt-free diet. Diasal, the makers say, provides successful salt substitution and brings dietary cooperation from patients. Literature, and a professional sample of Diasal are offered by E. FOUGERA & CO., INC. **F-7**

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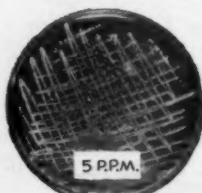
New Dial with TCC and
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TMTD Soap.

The same ingredient in Dial that destroys odor-causing bacteria also sweeps away bacteria that often cause skin blemishes.

You now can prescribe one soap—Dial—to aid in counteracting both skin odor and skin blemish conditions.

Dial's new *synergistic* combination of two deodorant ingredients—a chlorinated bisphenol and a trichlorocarbanilide, shows a marked superiority in all tests.

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***In vitro* tests prove Dial's superiority**

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RN

Diuretics to Fight Edema

By Morton J. Rodman, PH.D.

Have you ever seen a heart patient gasping for breath? He looks like a drowning man; and in a sense, that's just what he is. For his lungs are filling up with fluid.

In the same hospital with this patient, a man with liver disease and a child with nephrosis may also be victims of excess fluid, this time in the abdomen. In the maternity ward, meanwhile, a woman with pregnancy toxemia

may look in dazed disbelief at her arms and legs—swollen to twice their normal size by fluids that fill the tissue spaces.

Since literally thousands of people today suffer from afflictions that cause body fluids to pile up, it's fortunate that we have powerful new diuretic drugs to combat the condition. These diuretics help drain body tissues by working on the kidneys.

But what causes excess body

THE AUTHOR is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N.J.

DIURETICS TO FIGHT EDEMA

fluid? And how do the diuretics relieve it?

In nearly every case, the trouble starts when the kidneys can't

rid the body of enough salt and water. So let's review the functioning of these organs to understand how the diuretics work.

DIURETIC AGENTS

The official or generic name of each drug is followed by its trade name(s) or synonym(s) in parentheses.

ORGANIC MERCURIAL DIURETICS

Chloromerodrin, N.N.D. (Neohydrin)
Meralluride Sodium, N.N.D. (Mercuhydrin Sodium)
Mercaptomerin Sodium, N.N.D. (Thiomerin Sodium)
Mercumatilin Sodium, N.N.D. (Cumertilin Sodium)
Mercurophyllin Sodium, N.N.D. (Mercuzanthin Sodium)
Merethoxylline Procaine, N.N.D. (Dicurin Procaine)
Mersalyl Sodium and Theophylline, N.N.D.
(Salyrgan-Theophylline)

NEW ORAL DIURETICS

Acetazolamide, N.N.D.* (Diamox)
Aminometradine, N.N.D. (Mictine)
Amisometradine, N.N.D. (Rolicton)
Chlorothiazide, N.N.D.* (Diuril)
Dichlorphenamide (Daranide)
Ethoxzolamide, N.N.D. (Cardrase)
Hydrochlorothiazide (Hydro Diuril, Esidrix)
Methoazolamide (Neptazane)

MISCELLANEOUS DIURETICS

Aminophylline, U.S.P.
Ammonium Chloride, U.S.P.
Caffeine, U.S.P.
Potassium Chloride, U.S.P.
Theobromine, N.F. (and its numerous salts)
Theophylline, U.S.P. (and its numerous salts)
Urea, N.F., et al.

*Sodium salts are also available for injection.

The fist-size kidneys weigh only about a half pound apiece; yet they handle nearly a fourth of the body's blood at a time. Their job is to keep the body fluids in chemical balance. To do this, they get rid of waste products without losing any essential substances.

The kidneys first filter out everything dissolved in the blood plasma. Then they return all but the wastes. Each day they filter about 200 quarts of liquid. They discharge two quarts as urine and return the rest to the blood.

Normally, the kidneys keep only what the body needs. But in disease, they sometimes keep substances that should be eliminated. For example, they may retain too much salt.

Function of Diuretics

Here's where the diuretics do their work. They prevent the kidneys from reabsorbing such substances. At the same time, they flush these substances out of the puffy tissues.

Sometimes we speak of diuretics as "stimulating" the kidneys. Actually, they don't stimulate. They slow down the reabsorption of salt and water without poisoning the kidneys. (Some substan-

ces, such as inorganic mercury salts, slow down reabsorption but poison the kidneys in the process.)

Today there are two main kinds of diuretics: the organic mercurials and the new oral drugs. Strangely enough, the diuretic properties of both kinds were discovered accidentally.

The Organic Mercurials

The powerful diuretic action of mercury was first noticed by a doctor who was trying out a new mercury compound on a patient with syphilitic heart disease. He saw that the compound stepped up the patient's urine output and eliminated edema.

Since then, dozens of organic mercurials have been developed. They've helped lengthen the lives of many victims of cardiac and other diseases.

For best results, mercury is given by injection. Unfortunately, it often irritates tissues and may even destroy them. So chemists have tried putting other substances with mercury to overcome this defect (theophylline, for example, and certain sulfur compounds).

Some of the new mercurials can be taken orally. But they may

DIURETICS TO FIGHT EDEMA

cause gastrointestinal symptoms ranging from sore mouth to diarrhea. And no mercury compound is really safe for patients with damaged kidneys. So the scientists have long been looking for nonmercurial diuretics that wouldn't have mercury's drawbacks.

The breakthrough came in 1938 at the Johns Hopkins Hospital. There doctors observed that some patients on sulfanilamide lost large amounts of salt and water in their urine.

How Sulfa Works

Other scientists soon found that sulfa did its work by blocking a kidney enzyme called carbonic anhydrase. When this enzyme's action slows down, the body loses sodium bicarbonate and water.

The early sulfa drugs had to be given in toxic doses before they worked on the kidneys. So the chemists started synthesizing new sulfonamides. In 1953, after several thousand tries, they produced one that's about 400 times as active as the parent compound.

This drug, acetazolamide (Diamox), has several advantages: It can be taken by mouth, it seldom causes severe toxicity, and

it's useful for other conditions besides edema.

In glaucoma, for example, acetazolamide helps prevent blindness by reducing the flow of fluid into the eyeball. This often drops intraocular pressure dramatically and stops an acute glaucoma attack.

These Affect the Brain

Related compounds, such as ethoxzolamide (Cardrase), have a similar effect. These compounds have also lessened epileptic seizures in some patients. Just how they do this isn't clear. Some think they act on a brain enzyme; others think they make the brain more acid.

This acidifying action, while probably helpful in epileptic treatment, is a major drawback of these drugs. Because of it, treatment has to be stopped every few days until tissues get back to normal. The drugs may also cause drowsiness, tingling, and numbness.

What's New

But despite their limitations, these nonmercurial drugs are a real step forward in diuretic therapy. And the chemists are continuing to develop similar syn-

thetic compounds. Recently they've come up with two new ones: chlorothiazide (Diuril) and hydrochlorothiazide (Hydro Diuril, Esidrix).

Chlorothiazide, given orally,

is nearly as potent as injected mercury; but it rarely causes stomach upset and doesn't damage the kidneys as mercury sometimes does. Also, it can be given continuously [More on 66]

TWINS TWINS IN TRIPPLICATE BAFFLE R.N.s



Here's why nurses are seeing double nowadays at Hackensack (N.J.) Hospital: These three sets of identical twins work there as volunteer aides. To help minimize confusion, the three pairs of sisters have been assigned to separate floors. The twins at the top are Mary and Margaret Chandler; those in the center, Rebecca and Wanda Carter. Twins on the ends are Edna and Sue Edison, the daughters of Mrs. Robert Edison, R.N., who is a staff nurse at the same hospital.

Saving the CONGENITALLY DEFECTIVE

Here are the signs that can mean continued life for him—IF you report them to the doctor at once

I once counted the years of life expectancy saved by operating on eight infants born with malignant tumors. It came to 520.

It would probably take fifty to a hundred adults cured of cancer to equal the total life expectancy of those eight infants. For when

a baby dies, a whole lifetime dies.

Often, babies with congenital defects who die after only a few hours or days of life die unnecessarily. For many of the defects they succumb to, especially those of the respiratory and digestive tracts, can easily be corrected by surgery (see chart on pages 40-41). *All that's needed is someone to discover them and see that they're acted on in time.*



By H. William Clatworthy Jr., M.D.

DEFECTIVE BABY

The nursery nurse is in the best position to meet this vital need. But sometimes she has learned to depend on an ineffective routine. Or maybe there's no routine at all to guide her. So she misses her chance to "save a lifetime."

Let me give you an example:

Not long ago a night nurse in an Ohio hospital noticed that one of the nursery babies seemed to be cyanotic. She waited for a time, looked at him again, then phoned the pediatric resident. The resident told her to put the baby in oxygen.

She did this, then four hours

later she called him again. "The baby's still blue," she told him, "and his respirations are 80."

This time the doctor came running. But he was too late. The baby died as they were X-raying him. His chest plates later showed he had a pneumothorax.

A needle in his chest would have saved him. But he died when only twelve hours old because no one discovered his need in time.

Legally, neither the doctor nor the nurse was responsible for this baby's death. But both could have done much more than they did to prevent it. And because the nurse was on duty with the baby, her share of the responsibility was the greater. These are the mistakes she made:

First, she didn't phone the

THE AUTHOR is Associate Professor of Surgery at the College of Medicine, Ohio State University, and Head of the Division of Pediatric Surgery at the Children's Hospital, Columbus, Ohio.



THE CONGENITALLY DEFECTIVE BABY

doctor soon enough. She should have known that a baby with cyanosis is in serious trouble. Cyanosis is a very late sign of respiratory distress, a sign of impending death.

If she'd checked the baby's respirations regularly, she would

have seen that they were labored, that they were more than the forty-eight per minute that's maximum for newborns. She'd also have noticed that the baby had sternal retraction, excessive mucus, and a look of apprehension you always see on a tiny

baby v
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Potentially Fatal Congenital Anomalies That Can Be Corrected

DIGESTIVE DEFECTS

- Atresia (absence or closure) of one or more regions of the alimentary canal.
- Stenosis (narrowing or stricture) of some portion of the alimentary canal.
- Esophageal-tracheal fistula, causing aspiration of food and normal secretions.
- Tumor or cyst pressing on the alimentary canal and causing obstruction.
- Volvulus (knotting and twisting of bowel, causing obstruction).
- Congenital megacolon (Hirschsprung's disease), a malfunction of rectosigmoid because of abnormal nerve supply, leading to constipation and obstipation.

- Imperforate or ectopic anal opening.

- Meconium ileus or plug (dry, viscid meconium plugging intestines and thus causing obstruction).

RESPIRATORY DEFECTS

- Choanal atresia (complete nasal obstruction leads to suffocation).
- Laryngeal stenosis (web-like obstruction of airway).
- Laryngeal stridor (flabby, ineffective epiglottis that sometimes obstructs airway).
- Vascular ring such as double aortic arch which constricts the trachea.

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baby who is fighting for breath.

But she didn't note any of these signs. Why? Because she didn't make thorough, periodic checks.

In a sense, a newborn baby is a postoperative patient. His respirations should be counted and

recorded, his color observed, and other vital signs recorded just as regularly and as often as if he were in a recovery room. He may appear perfectly normal when you admit him to the nursery. But a lot of things can happen in the next twenty-four hours.

Suppose, for example, a baby is born with a diaphragmatic hernia, and several loops of intestine have slipped up into his chest cavity. He looks fine when he comes to the nursery, but meanwhile he's swallowing air. In no time at all those loops of intestine can balloon up, crowd his lungs, and kill him.

If you're checking every half hour, you'll see the symptoms. You can then warn the doctor so that he can operate in time.

Conscientious reporting of bowel function also can help save a baby's life. Many a baby has died of intestinal obstruction (something else a surgeon can correct if he knows about it in time) because a nurse failed to appreciate the significance of a single episode of bile-stained vomiting or beginning abdominal distension or charted "meconium passed" when all the baby had produced was a bit of greenish gray mucus.

More►

t Can Be Corrected by Surgery

- Tension pneumothorax (defect in chest cavity that permits air to enter the pleural space then traps it there, collapsing the lungs).

- Congenital lung cyst or "balloon" cyst that traps inspired air in a lobe so that it expands and occupies entire chest cavity.

- Diaphragmatic hernia with intestines occupying vital lung space in the chest cavity.

- Emphysematous lobe that can't exhale air and acts like balloon cyst to fill entire chest cavity.

- Tumor or cyst in chest cavity, pressing on trachea or occupying lung space.

THE CONGENITALLY DEFECTIVE BABY

A normal baby passes at least half a cup of *black, sticky meconium* within the first twenty-four hours of his life. If he doesn't do this, the doctor should know about it so he can find out what's wrong.

The second mistake our nurse made was failing to convey any sense of urgency to the doctor

she called. He couldn't see how bad the baby was. Maybe he'd answered so many calls about "cyanosis" from panicky night nurses that he needed more than just this word alone to convince him.

No doctor is psychic—particularly when you wake him out of a sound sleep. [More on 69]

Steering Clear of Libel

By Helen Creighton, R.N., J.D.

Suppose you were a director of nurses. And suppose that when a certain private-duty nurse worked at your hospital, drugs were often missing.

Would it be legally safe for you to write to a professional registry, state this fact, and ask the registry not to send this nurse to your hospital again?

In an actual case of this kind, the nurse filed a libel suit against both the director of nurses and the hospital, alleging damage to her professional reputation. But the court held that the nurse couldn't recover because the director's letter was a "privileged communication."

A letter or other communication is privileged (can't be used as the basis for recovery in a law suit) when it's offered in good faith in the performance of duty, or where there's an interest to be upheld.

It must also be limited to such purpose, made on a proper occasion, published in a proper manner and to proper persons only. And it must be made without actual malice—that is, without intent to commit an unlawful act.

END



You're the Spark Plug For the Clean-Up Team

By Emily Deming

Let's face it. Housekeeping—either home or hospital style—is a repetitious bore.

Even the most enthusiastic hospital housekeeper often feels that needling her staff about keeping the premises clean is like persuading a small boy to wash his neck. Why bother? It'll only get dirty again.

So I fully understand why nurses are only too happy to leave to the housekeeping department the never-ending scrubbing and mopping chores.

But there's more to good housekeeping than the house-

keeping department alone can handle. Keeping our hospitals dirt-free and germ-free must be the joint responsibility of everyone concerned with the patient's care and safety.

By everyone, I mean nurses, doctors, and administrators as much as aides, orderlies, maids, and porters. The nurse's responsibility is, in a way, the most important of all.

Of course I'm not suggesting that you nurses revert to the "good old days" when you actually mopped floors and scrubbed walls. What I *am* suggesting

THE AUTHOR is executive housekeeper of Butterworth Hospital, Grand Rapids, Mich.

SPARK PLUG FOR THE CLEAN-UP TEAM

is that you, as professionals, key-note the cleanliness crusade in your own hospitals by setting an example for your nonprofessional colleagues.

Teach by Example

Just remember this: Every time you convince one of your untrained helpers, *by your own example*, of the importance of personal and environmental cleanliness, you help cut your hospital's infection rate.

Suppose you're a pediatric nurse. You pick up a fluffy toy lamb that's been tossed from a crib. If the porter sees you give the lamb back to the baby, he'll see no reason not to give her back the spoon she drops on the floor a half-hour later.

'Didn't Have Time'?

Or suppose your bus was late this morning. You didn't have time to put your coat and lunch in the locker room and still hear the morning report. So you put them in the linen closet instead, in plain sight of the aide. Tomorrow *her* bus may be late.

Have you ever returned a pillow or blanket—just this once, you told yourself—from a patient's bed to the linen shelf? Or

have you ever made a patient more comfortable on a chilly night with an extra blanket hastily snatched from the empty stretcher in the hall?

If you have, the maid who saw you do it probably didn't pay much mind the next time her housekeeper explained why blankets and linens must never be transferred from bed to bed or from a ward to the operating room.

Wash Between Patients

On your morning rounds, do you ever move among patients, checking a pulse here or a fresh post-op dressing there, straightening a sheet, or fluffing a pillow—the perfect picture of the modern Florence Nightingale? If you neglect to wash your hands between such patients, how can you expect the aide to believe *she* should wash *her* hands between disposing of a waste bag of soiled dressings and carrying in a lunch tray?

Maybe, as a student nurse, you vowed you'd never become the kind of head nurse who looked under the mattress or ran her finger over the bed springs. But the bitter truth is that when you're easy-going yourself, or

with your subordinates, you're setting the kind of bad example whose result may be staph pustules all over your favorite patient's body.

It's the head housekeeper's job to supply the cleansers, the common sense, and the plain elbow grease needed to chase dirt—to say nothing of getting a reputation for nagging and preaching. But we'll fail as often as we try, unless you, the profes-

sionals, set the proper example for the nonprofessionals who follow your lead.

Halo Maintenance

If what I've said here makes you feel your halo may have become a bit tarnished, let me add that any housekeeper you know will be glad to lend you some polish and a helping hand to brighten it. We badly need its guiding light.

END

No peeking guaranteed

The little old man had been admitted for eye surgery. But before consenting to the operation, he extracted a promise (from his doctor) that he'd be allowed a nip of bourbon four times a day.

When I went into his room the morning after the operation, he asked for nip number one.

I poured it for him and put it into his hand. (He couldn't do this for himself because both his eyes were bandaged.)

"Why don't you pour yourself a little drink too?" the old man said.

I declined, with thanks.

"Don't you ever touch the stuff?" he asked.

"Sometimes," I replied. "But never when I'm in uniform."

"Well, now," he said, "that's easily fixed. Just slip off your uniform, girlie, and have a nip. I'm blindfolded, ain't I?"

—AMY B. JOHNSON, R.N.

For each previously unpublished anecdote accepted, RN will pay \$15 to \$25. Address: Anecdotes, RN, Oradell, N.J.

BY MARTHA DUDLEY, R.N.

If you take your cue from the statisticians, you may conclude that the private duty nurse is headed straight for extinction. Although her branch of the profession is still second in size to that of the hospital nurse, her ranks are thinning steadily.

In the four years from 1954 to 1958, the number of private duty nurses dropped by about 1,000 annually. Result: Private duty nurses made up only about 15 per cent of the country's nursing force last year, compared with about 18½ per cent in 1954.

Some believe this drop is a trend of the times and will continue. They point out that as more and more people take advantage of hospitalization, the hospital nurse will do more and more nursing that private duty nurses used to do in the home.

Many hospitals, they add, now give intensive care. Still other hospitals teach their patients to care for themselves. These things also tend to cut out the private duty nurse.

The practical nurse is yet another factor. For she not only helps in the hospital but is also taking over thousands of routine nursing cases in the home.

IS PRIVATE DUTY ON



TY · ON THE WAY OUT?



Many who think the private duty nurse is on the way out say a major cause is the fact that very few *young* nurses go into this work any more. They quote an American Nurses Foundation study of 100 nurses in Kansas City to the effect that:

¶ More than 50 per cent of the nurses who graduated *before* 1940 went into private duty as their first job, while

¶ Only 7 per cent of those who graduated *after* 1940 did so.

Of course, many R.N.s don't feel that statistics hold the answer to the future of private duty. A Midwesterner, for instance, says, "Thirty years ago I was advised not to go into private duty. But I did—and it and I are still going strong!"

To find out what private duty nurses in general think, *RN* recently asked 2,000 of them: "Do you feel that the private duty nurse is on the way out?" The answer was emphatic: More than 83 per cent voiced a resounding "No!"

Most of the 17 per cent who feel that private duty *is* on the way out are sixty or older. Says one of them: "The younger nurses just aren't interested in joining our ranks." Says another: "Be-

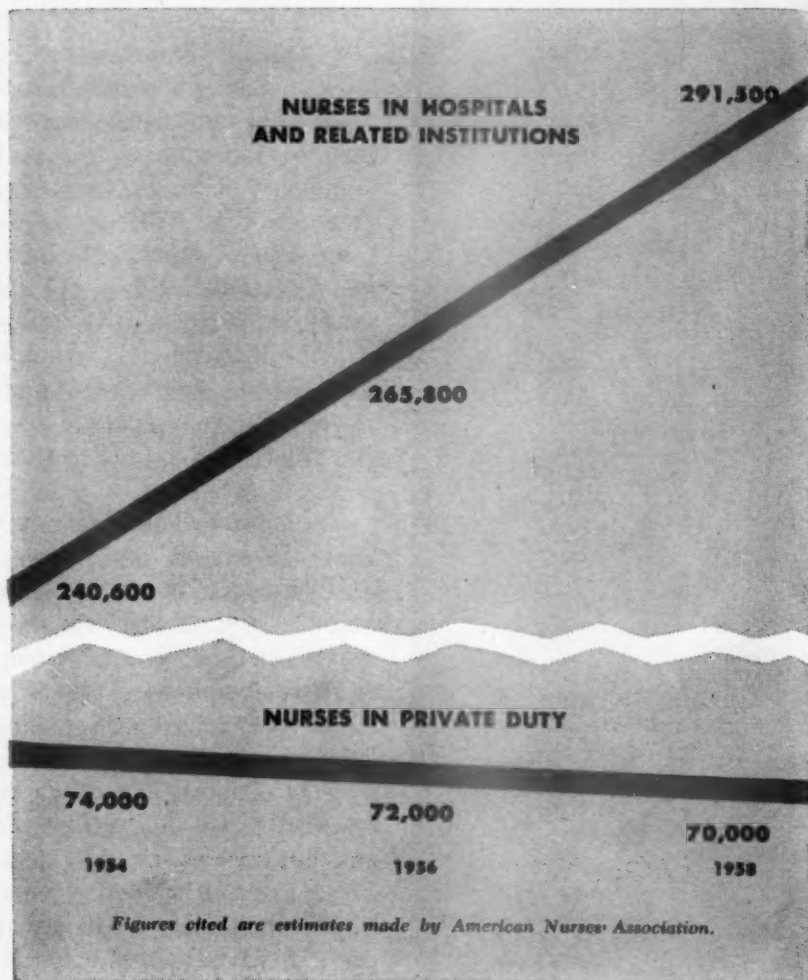
IS PRIVATE DUTY ON THE WAY OUT?

cause of this, we old-timers hang on and on. Many a private duty nurse today is so decrepit that her patients wish they could get up and help *her!*"

Slightly less than half the RN

survey respondents are full-timers; the rest are part-timers. Most of the full-timers are forty to sixty years of age. About half are single.

The part-timers tend to be



younger. They have more than twice as many children as the full-timers, suggesting that many young mothers choose this type of duty.

Since most private duty nurses think private duty is here to stay, we may well ask: Why?

Well, first of all, most of them say they get more calls than they can handle. They argue that as long as the demand continues, there'll be nurses willing to meet it.*

Second, many private duty nurses point to the pay. "While it may not be high by outside standards," says one, "it's better than the floor nurse gets. Salaries have doubled in my area since I got my license, and they're still going up."

Third in importance, many say, is the freedom private duty gives them. "We have time off between cases," points out one, "and we can adapt our working hours to our family life. This factor attracts, and will continue to attract, nurses to private duty."

Says an R.N. in her twenties: "I can go skiing in the winter and

dude ranching in the spring. The nurse who really wants to *live*—as well as work—will turn to private duty every time."

Young and old, part-timers and full-timers—most of these R.N.s firmly believe the future's on their side. They list "advances in medical science" as the fourth reason the private duty nurse will continue to be important. Here's how they see it:

An Atlanta nurse: "As new drugs and treatments come along, patients will need even more detailed care than they get today. The general duty nurse just won't have the time to give that care. So doctors will call on the private duty nurse more and more often."

A Denver nurse: "Surgery's advancing fast, and so is the need for expert postoperative care. The special who's competent to do such things as continue treatments without constantly calling the doctor and recognize abnormal lab reports will be greatly in demand."

But what about the invasion of practical nurses and the lack of younger R.N.s entering the field?

Generally, the private duty nurse considers the P.N. a minor

*The most recent A.N.A. statistics show that private duty nurses received nearly 1,000,000 calls through registries in 1956 and filled 66 per cent of them. By contrast, they received only 635,000 calls in 1946 and filled 54 per cent.

threat. A Chicago part-timer gives the viewpoint of the majority: "Maybe more P.N.s will move into homes to care for the chronically ill. But they'll never crowd us out completely—and they won't take over in the hospitals, as some predict. The pro-

fessional's skill will always be needed in both places."

As to the lack of younger nurses: Time, says the private duty nurse, will cure this problem. The number of nurses in private duty is low right now, she argues, mainly because [More on 86]

How to Live With Your Feet

By Myrna Cartwright, R.N.

Four out of five Americans suffer from foot troubles. People fifty and older are especially susceptible. If you'd like to live happily with your feet, do these things:

Buy shoes that fit. Get sturdy ones with supple light leather uppers and heavy but flexible leather soles.

Don't buy ready-made "corrective" shoes. And when you buy arch supports, do so only on the advice and prescription of your physician or podiatrist.

If your feet feel numb after the day's work, try this simple exercise to speed circulation: Relax in a chair, take off your shoes, extend your legs, then move your feet up and down as far as they'll go. Repeat for five minutes.

Bathe your feet daily. Use a small hand spray to squirt hot water on them for a minute, then cold water for a minute, alternating several times. This too will speed circulation and help relieve numbness, cramps, swelling.

If you have an inflamed or irritated spot, cushion it in lamb's wool (available at drug stores). If this doesn't help, see your podiatrist. In fact, visit your podiatrist regularly for check-ups and expert help.

END

AN RN REFRESHER

GUIDES FOR GIVING MEDICATIONS

By Signe S. Cooper, R.N.

THIS ARTICLE is the first in an RN refresher series on drug administration. The author is Associate Professor of Nursing and Chairman of the Department of Nursing, Extension Division, University of Wisconsin, Madison.

To be sure you're giving the right drug to the right patient at the right time in the right dose and by the right method—always ask yourself these five questions:

Do I have the correct medication?

Check the written order for the drug and the medicine card.

Read (don't just glance at) the label three times: (1) before you take the drug from the shelf, (2) before you pour the drug, and (3) after you pour it but be-

fore you return it to the shelf.

Don't use drugs from unlabeled containers or those with indistinct labels. (The pharmacist is the only one who should relabel a container.)

Is the dosage appropriate?

When you must calculate the dosage, check and double-check your answer. If the answer seems to exceed the maximum dose of the drug, ask the doctor to verify his order.

Measure the drug accurately.

Use a minim glass or dropper (not a conventional medicine dropper) when the order calls for minims.

Before pouring a liquid,



GUIDES FOR GIVING MEDICATIONS

hold the measuring container at eye level and place your thumb-nail at the proper mark on the container. Then pour the medicine from the side of the bottle opposite the label. This protects the label from stains.

When a drug is in suspension, shake the bottle before pouring, in order to assure proper dispersion.

Am I using the right method of administration?

Always note if a drug has been ordered per os, I.M., I.V., or subcutaneously. Many drugs can be given by one method only.

Check the label to be sure it's possible to give the drug by the method ordered.

Is this the proper time to give the medication?

All drugs must be given exactly when ordered. The doctor schedules some of them, such as the antibiotics, to maintain the needed amount in the blood stream. In the case of pre-op drugs, he always schedules them so they'll help produce smooth and effective anesthesia. So accurate timing is essential.

Do I have the right patient?

Recall what you know about the patient and his illness while you're preparing the medication. Know why he's receiving it and what effects you should look for.

At the bedside, check the bed card, address the [More on 82]

Worrisome water bill

The patient was obviously a wealthy woman. Yet she had questioned me sharply about the price of everything: her room, her drugs, even her special diet.

On her fourth morning in the hospital, as she watched me write her fluid intake on the I & O chart, she suddenly exclaimed, "Sister, I just can't afford to stay in this place any longer. Please call my doctor at once!"

She then pointed to the 90 c.c.s I'd just written. "I've seen you keep that bill every day," she said accusingly, "and it's a disgrace! Not even a hospital should charge 90 cents for a glass of water!"

—SISTER M. ADELINE, O.P.

How to Keep Healthy



When Traveling



By Morton J. Rodman, PH.D.

More than 70 million vacationing Americans will soon be on the move. Most will hit the road for vacation spots in this country or in Canada or Mexico. But many will board ship or plane for foreign ports.

Foreign travel offers fun and excitement. But it can present health hazards, too. While most travelers' ailments are minor, they can make you sick enough to wish you'd never left home.

Smallpox vaccination is a must. You'll also want booster

shots for tetanus, typhoid, and paratyphoid. Children should get inoculations for diphtheria, too. And if your travels will take you to regions where yellow fever, cholera, and typhus are endemic, immunization against these diseases is in order.

Attend to these vaccinations well in advance of going. It takes time to build up the titer of protective antibodies. Besides, your inoculations will have to be recorded in the International Certificate of Vaccination which the

State Department sends when you apply for a passport.

Your doctor will tell you whether your physical condition warrants any special precautions. (Heart disease, for example, is no handicap to flying as long as the cabin is pressurized.) If you're chronically ill, he'll probably tell you to carry your medical history with you. And he may give you a list of specialists in the cities you'll visit.

That Old Feeling

No one's entirely immune to that bane of most travelers, motion sickness. In a rough sea, your best bet is just to lie flat on your back in your bunk. A cabin located amidships is less rocky than one forward or aft. In an airplane, likewise, a center seat is best.

Among the most widely used drugs for combating motion sickness are dimenhydrinate (Dramamine), cyclizine (Marezine), and meclizine (Bonamine). Meclizine is said to give protection for up to twenty-four hours from a single dose.

Gastroenteritis is another condition that's so common it has earned the name "Tourists' Disease." Yet you needn't fall vic-

tim to it if you follow a few simple rules. One is to stay away from raw fruits and vegetables unless you peel or skin them yourself. In foreign lands, such foods are often grown in soil that has been fertilized with human excrement. Or they may have been contaminated by careless food handlers.

Foods that make good culture media should also be avoided. These include custards, cream-filled pastries, and salads containing meat and fish.

Watch your fluid intake, too. In most places, this means boiling the water you drink or treating it chemically. Even if you drink only bottled water, wine, and beer, slip-ups may occur. Watch out for diluted alcoholic drinks and the ice cubes that tinkle in them. And remember to be wary of the water you use for brushing your teeth.

Milk Can Be Dangerous

Milk should also be boiled in most areas. Some prefer the convenience of condensed, evaporated, or powdered milk. But these, of course, are only as safe as the water with which they're diluted. And it's obviously silly to boil milk but then eat ice

cream that comes from the same contaminated source. (Most dairy products available in foreign countries outside the large cities should be viewed with sus-

picion, even when they're labeled "pasteurized.")

Meat may harbor living parasites from the flesh of infected animals. So it [More on 72]

How to Use Plastic Surgical Drapes

By Frances B. Arje, R.N.

If you're an operating room nurse, you'll soon be using the new plastic drapes that (1) adhere to the edge of the incision, (2) immobilize organisms that survive the skin prep, and (3) eliminate the trauma of skin clips.

Here's how you handle these drapes:

You wrap the roll of plastic (and its paper interleaf) in a towel. Then you steam-sterilize it at 250 degrees F. for thirty minutes.

After spraying the patient's skin with surgical adherent, you use sterile technique to remove the plastic roll from the towel. As you unroll it, you let the paper interleaf fall on the floor. You fold the sheet of plastic on its length and hold it so that your assistant at the other side of the operating table can grasp two corners of it. Then, holding the other two corners yourself, you pull the film taut and lower it to the operative site. Another nurse presses the film down firmly at the incision site and smooths out bubbles and creases, leaving the edges loose. You then use linen drapes in the customary manner. And the surgeon makes the incision right through the plastic film.

When it's time for skin suturing, you peel the film back one or two inches from the edge of the wound. And, after oozing has stopped, you grasp the film by the loose corners and peel it off.

END

YOUR STAKE IN

Compulsory HEALTH INSURANCE

Here's an easy-to-grasp summary of the Forand proposals—and who's for them, who's against them, and why

By Evelyn Pastore, R.N.

The Forand bill to provide health care for the aged through the Social Security program has been an issue in the medical profession ever since it was first introduced in Congress in 1957.

Now Representative Aimé J. Forand (D., R.I.) has reintroduced his bill and is pushing for fast action. This means we'll soon be hearing more and more about it.

Just how would this precedent-setting legislation affect you—both as a citizen and as a nurse

—if it became law? What does the medical profession think of it? Should you personally take a stand *for* or *against* it?

First, let's see how the bill would affect you as a citizen:

If the Forand bill became law, the Social Security tax on the first \$4,800 of your annual salary would increase by one-fourth per cent if you were working for others or by three-eighths per cent if you were self-employed.

Increases would come along at three-year intervals until 1969. By then you could be paying a

INSURANCE FOR THE AGED

maximum of \$18 a year over and above the present Social Security scale.

When you became eligible for retirement (age 62 for women and 65 for men, provided you have had the required years of coverage), you'd also be eligible for Government-paid health benefits as well as a monthly retirement check. And you'd be entitled to health benefits in the event of hospitalized illness even if you had decided to continue working and were not drawing your Social Security check.

In some cases you'd be eligible for these benefits whether you'd reached retirement age or not. This would be true if you were a widow or a dependent parent who received Social Security

payments. (Totally disabled persons over 50 and certain others would be eligible too.)

Here's what the medical services would include:

¶ Sixty days of hospitalization per year (with semiprivate accommodations) in any except tax-supported hospitals, mental hospitals, and those for the tuberculous.

¶ A hundred twenty days per year of hospitalization and nursing-home care combined, provided you were transferred directly



COMPULSORY HEALTH INSURANCE FOR THE AGED

from hospital to nursing home.

¶ Ambulance service, laboratory service, operating room, anesthesia, drugs, and appliances "as are customarily furnished by such hospital."

¶ Surgery, including oral surgery performed in the hospital and emergency or minor surgery performed in an outpatient department or in the doctor's office. (No elective surgery, however.)

You'd be eligible for hospitalization when referred by a licensed doctor. You could choose a hospital, surgeon, and nursing home from among any that had an agreement with the Federal Government. But you wouldn't be eligible for this Social Security coverage if you were also covered by Workmen's Compensation or if you received care from the V.A. or other tax-supported programs.

The Social Security fund would pay the hospital, nursing home, and surgeon.

Every proposal of the Forand bill has already caused its share of argument. But the basic issue, as far as the medical profession is concerned, goes deeper than the proposals themselves. It goes down to the underlying principle involved, namely:

Would compulsory health insurance harm the medical profession and the public in general? If so—or if not—why?

The American Medical Association fervently believes it would harm both. The A.M.A. calls this bill "unsound" and the first step toward "bringing everyone under a government-dictated health program."

The American Nurses' Association doesn't agree. In fact, the A.N.A. not only approves compulsory health insurance for the aged in principle but goes a step further: It recommends that such insurance pay for nursing services, including nursing care in the home.

The stands taken by the A.M.A. and the A.N.A. have apparently both had an influence on Representative Forand. For when he reintroduced his bill in Congress this year, he said he'd "explore the possibility" of (1) dropping the surgical provisions (to please the A.M.A.) and (2) adding benefits for home nursing care.

This doesn't mean that such changes *will* be made in the bill. But they'll probably be considered during committee hearings.

Dozens of organizations in the

medical and welfare fields have lined up for or against this measure. Outside the profession, the A.F.L.-C.I.O. leads the fight for the bill.

Each side has marshaled an impressive list of reasons for the stand it takes. Here, in brief, are the major arguments:

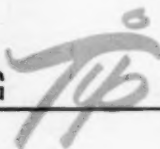
For the Forand Bill

1. Present voluntary health insurance plans don't give elderly people proper protection because

(1) many are on limited retirement income and can't afford to pay the premiums and (2) because such health plans often exclude those over 65. As a result, about three-fifths of the persons over 65 have no health coverage; and most of those who do have hospitalization only.

2. Voluntary and proprietary hospitals are hard-hit because they must care for thousands of patients who can't pay, including the aged. Although these hospi-

NURSING



DIAPERING THE CONGENITAL-HIP BABY



► Nurse Helen Curran of Poughkeepsie, N. Y., faced the problem of diapering her baby daughter who had a congenital

hip. The baby was in a body spica, and the usual diaper soiled the cast and caused irritation. So Mrs. Curran tried using a sanitary napkin, held in place by a sanitary belt. The napkin proved to be excellent, and it just fit the opening in the cast. The doctor was so impressed that he now suggests this method to his orthopedic classes; the local hospital has also adopted it.

END

tals collect from local and state welfare departments, the usual payments don't cover their actual costs. They must make up the difference as best they can—usually by raising charges to those who *can* pay.

3. The Forand bill doesn't mean Government supervision of medicine—for it specifically states that "Nothing . . . in this Act shall be construed to give . . . supervision or control over the practice of medicine or the manner in which medical services are provided."

Here are arguments on the other side:

Against the Forand Bill

1. Voluntary medical plans are growing rapidly. If given a chance, they can provide coverage for more of the aged. But this compulsory program would deal them a blow from which they might never recover.

There's other help for the aged in many forms. Those who aren't covered by health plans can generally receive medical care through both public and private welfare programs, including those of fraternal and religious groups.

2. This is socialized medicine.

As such, it would be subject to all the abuses found in countries that have such programs. For one thing, it would immediately cause such needless crowding of hospitals that it would dangerously limit the facilities for ill persons of all ages.

3. Recently the Social Security system went into the red for the first time. If health benefits were added for the 13 million present claimants, there'd be no assurance that the increased Social Security tax would provide enough funds to cover the claims. It's expected that 22 million persons would be eligible for health benefits by 1975. This would impose a huge new tax burden.

These are the main arguments on both sides. But you'll hear dozens more as time goes on. And more questions will come up, particularly about the effect this plan would have on the nursing profession.

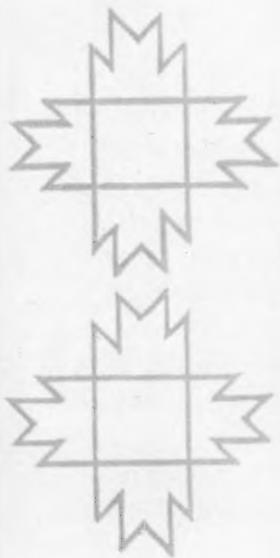
Wilbur J. Cohen, Professor of Public Welfare Administration at the University of Michigan and former chief of research for the Social Security Administration, believes that compulsory health insurance for the aged would benefit nursing. He says:

"If the Forand bill or a similar

measure becomes law, the nurse will find that comprehensive nursing services—including prevention and rehabilitation in the home—will be emphasized much more than they are today. The

nurse will have a more central role in working with other professions, the patient, family, and total community.”

On the other hand, Dr. Gunnar Gundersen, [More on 84]



UNIFORM QUILT



Donna Meskimen, R.N., admires hand-sewn patchwork quilt, a family heirloom she received on her recent graduation from St. Luke's Hospital School of Nursing, Denver, Colo. Made some sixty years ago by Miss Meskimen's great aunt, Nellie McAnelly—a 1902 graduate of St. Luke's—the quilt recalls the days when students were required to make their own uniforms. Miss McAnelly pieced the quilt from scraps of uniform cloth given her by her classmates.

'... as Well as Can Be Expected'

BY FARISSA KIMBRELL, R.N.

The young husband waits nervously in the hospital corridor. In and out of Room 318, where his wife lies, nurses and doctors maintain a steady procession.

Two hours pass—two hours of watching and waiting in vain for some assurance. Finally, the young man, his patience exhausted, grabs the arm of a student nurse.

"How's my wife?" he demands. "She's been back from surgery for two hours—and no one has told me a thing."

"I'm sorry," says the student. "All I can say is that she's doing as well as can be expected. Why don't you ask the head nurse?"

The head nurse turns out to be a stiffly starched matron with a ridiculously small cap perched atop her gray hair. The young man repeats his question.

Without looking up from her paper work, the head nurse says, "She's doing—"

"I know," he breaks in, "... as well as can be

THIS ARTICLE WON one of the 1958 RN Awards for its author, a public health nurse in Phoenix, Ariz.

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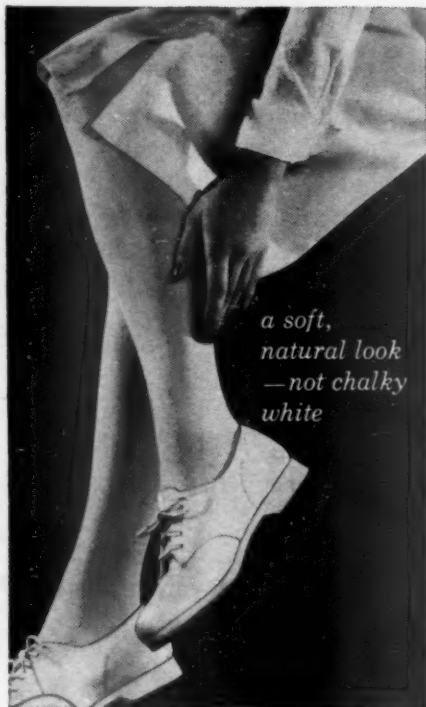
**White All-Elastic
Stockings**
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stay "on duty"
as long as you do

As a nurse, you need the kind of leg support that works full time—to make staying on your feet easier. You can't get this with "stretch nylon" support hosiery (the kind that stretches but doesn't spring back), nor with part-elastic hose. What you need is *all-elastic* stockings by Bauer & Black—with rubber in every supporting thread.

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'... AS WELL AS CAN BE EXPECTED'

expected!" Turning dejectedly, he walks back to the waiting room.

* * *

Daily this incident is repeated in our hospitals. Worried relatives of countless patients wait . . . and wait . . . and wait . . . for some word to relieve their anxiety.

To many of us in the healing arts, "relatives" are little more than blobs of protoplasm that hang around, get under foot, block progress, and ask unnecessary questions. It's easy for us to forget how much our patients mean to them—and, by the same token, how much *they* mean to our patients.

Laying On of Hands

It's equally easy to forget that the patient is cut off from all that's dear and familiar—from those who care most whether he lives or dies. So the warm hand-clasp of someone he loves may do more to comfort him than a doctor's prescription or a nurse's ministrations.

There are times, obviously, when the bedside visit must be postponed. Those are the times when the patient's family needs reassurance most.

The family of a young mother with rheumatic heart disease needs to know that she's becoming stronger, that her pulse is more regular. The parents of a 3-year-old with nephrosis need to know that his edema is subsiding.

Not Contrary to Ethics

We can give such reassurance without violating our code of ethics. Most families are happy when we tell them a few basic facts about the patient's condition. We don't need to go into detail.

Fortunately, more and more emphasis is now being put on total patient care. Doctors are beginning to realize that by reassuring the patient's family we can help to speed the patient's recovery.

No More Clichés

This means that, as nurses, we'll be expected to achieve empathy with the family as well as the patient himself. Once we seriously recognize this, we'll forget all those stock answers that mean nothing.

We'll never again say: "He's doing as well as can be expected."

END

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Diuretics to Fight Edema

Continued from 37

without causing an acid condition. And no matter how long the patient takes it, he seldom develops a resistance to the diuretic action.

These properties make chlorothiazide especially valuable in treating pregnant women with high blood pressure. Given daily during the entire pregnancy, chlorothiazide has lowered the blood pressure and kept the patients free of fluid. In many cases, this has helped prevent eclampsia, the acute convulsive stage of toxemia.



© MEDICAL ECONOMICS

Chlorothiazide has also proved helpful in treating other hypertensive patients. Those who take the drug can get along on lower doses of their regular medicines. Some, for example, have been able to cut their doses of the powerful ganglionic-blocking drugs in half. And this has meant less discomfort and danger.

Diets Can Be Relaxed

The researchers still don't know for sure how chlorothiazide helps reduce blood pressure. But some believe its salt-removing action does the work. In any case, patients on chlorothiazide don't have to stick quite so strictly to their unappetizing salt-free diets.

This same salt-removing action makes the drug useful in treating nephrosis. Steroid therapy is often used for this disease, but the steroids may cause the body to keep too much salt. Giving chlorothiazide along with the steroids helps keep the salt balance where it should be.

There's one danger the nurse must look for: The salt-removing action can sometimes go too far and cause an imbalance. Then the patient will show signs of low-salt syndrome. For instance,

MAKE THIS TEST — Smooth Z.B.T. Baby Powder on your hand. Then sprinkle with water. Note how water rolls off! Z.B.T. moisture-proofs skin, gives baby extra protection.

PROOF

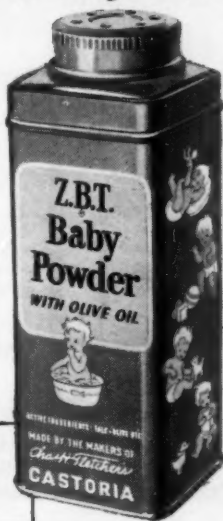
...that Z.B.T. Moisture-Proofs Baby's Skin

Yes, because Z.B.T. Baby Powder with Olive Oil actually sheds moisture, it moisture-proofs baby's skin against irritating acid-moisture of wet diapers and perspiration. Soothes like powder, protects like oil. Guards against painful chafing, prickly heat, urine scald and diaper rash. Keeps skin dry and comfortable. Use Z.B.T. Baby Powder after bathing, at every diaper change.

Glenbrook Laboratories Division of Sterling Drug Inc., 1450 Broadway, New York 18, N.Y.

Note: Z.B.T. does not contain zinc stearate or boric acid.

**Z.B.T. BABY POWDER WITH OLIVE OIL HAS
BEEN USED IN OVER 1700 HOSPITALS**



LAVORIS...a

**favorite for personal
and professional use!**

LAVORIS
is the original zinc
chloride solution,
highly regarded
by the dental and
medical professions
for many years.

Stimulating Astringent
LAVORIS
Mouthwash and Gargle

LAVORIS is not, and has never claimed to be, a germ killer. Its thorough cleansing action is chemo-mechanical. It coagulates and removes viscid mucus and accumulations and septic exudates. This effective cleansing is accomplished without damage to tissues... in fact, the stimulating effect of Lavoris on capillary circulation improves tissue tone and resistance.



SUGGEST
regular use of Lavoris
to your patients.
Available in 4 oz.,
9 oz., and 20 oz.
bottles at all
drug stores.



DIRECTIONS:
As a mouthwash,
dilute with 1
to 3 parts water.
As a gargle, dilute
with equal
amount of hot
water. As a spray,
use full strength or
dilute with equal
parts water.

THE LAVORIS COMPANY
DEPT. RN-69, MINNEAPOLIS 1, MINN.

DIURETICS TO FIGHT EDEMA

he may complain of a severe thirst when he really needs an injection of salt!

This salt-removing action is also a characteristic of hydrochlorothiazide—a close chemical relative of chlorothiazide. It has chlorothiazide's many advantages and then some—for it's claimed to be ten to twenty times as potent.

Possible Bad Effects

Of course the nurse must be even more watchful with this latest diuretic. If it draws out too many acid chloride ions, an alkaline condition may occur. And if it eliminates potassium too fast, it may make the heart beat badly, especially if the patient's also taking digitalis. The resulting imbalance could send a liver-disease patient into deep hepatic coma.

Help for the Drowning

But these and other disadvantages are a small price to pay for the life-saving work of the powerful new diuretics. The nurse who administers them will know that she's often helping to save critically ill patients who are drowning in their own fluids. And she'll be alert to recognize danger signs and do something about them in time.

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Saving the Congenitally Defective Baby

Continued from 42

He reacts to your report on the basis of the facts you give him and your manner of giving them. If you can't make him see things as you think he should the first time you call, keep after him till you do. An angry doctor is a lot easier to forget than a dead baby.

The nurse's third and perhaps most serious mistake was that when she put down the telephone after her first call, she put aside all personal responsibility for the baby's life. She did what the doctor told her to do and no more. After that, she didn't look at the baby until four hours later when it was time to take his temperature.

Such an attitude isn't professional, and such a course of action isn't enough. When the doctor's in his room and the nurse is in the nursery, *she* is responsible for the baby's life. And her responsibility doesn't end until the doctor arrives and takes charge.

The nurse's last mistake was one that's all too common among hospital personnel: She fell for that old siren song: "Put him in oxygen."

A baby with a fatal lesion can die in oxygen just as he can die

the
difference
between
STOP and GO

in cases of

- INTestinal CRAMPS
- DYsmenorRHEA
- SMOOth MUSCLE SPASM
- HEAT CRAMPS

HVC
HAYDEN'S VIBURNUM
COMPOUND

Contains viburnum opulus, dioscorea, prickly ash berries, aromatics and sufficient alcohol to release the resins in the crude drugs.

Patients who have been stopped by smooth muscle spasm are soon on the go again with HVC, prescribed by physicians for over ninety years as a consistently reliable sedative and smooth muscle relaxant. Symptomatic relief is both prompt and prolonged, and HVC is free from narcotics or hypnotics.

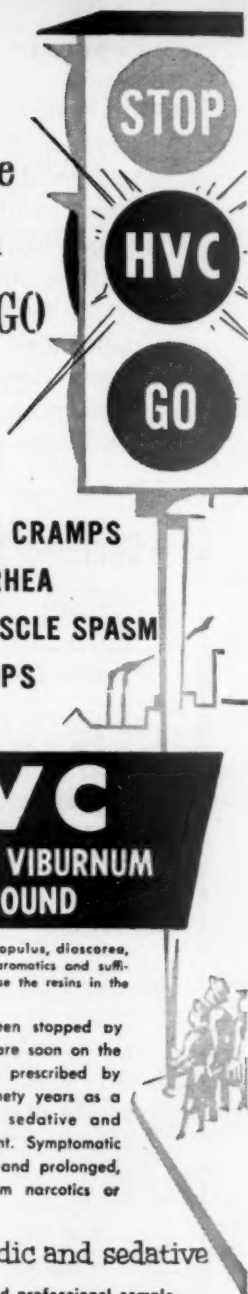
antispasmodic and sedative

Write for literature and professional sample.

NEW YORK PHARMACEUTICAL CO.

Bedford, Mass. U. S. A.

RN · JUNE 1959 69



THE CONGENITALLY DEFECTIVE BABY

out of it. Nothing's going to help him except recognizing the lesion and correcting it. All oxygen may do is delay the diagnosis.

Putting a baby in oxygen as a temporary measure may be helpful, but the doctor should proceed immediately with his examination and X-ray studies, and make a diagnosis, too. After the baby's in oxygen, the nurse is still

responsible for checking him closely to see what symptoms develop. In fact, she should double her attention from then on.

Things happen fast with babies. But when death threatens, there are always warning signs. The nurse will see them if she's looking for them.

The most common of these signs appear in the accompanying list. This list, or one like it, should be included on every newborn's chart. Then nursery staff members should be required to check every item every half hour during the first twenty-four hours or so of the baby's life.

Whether you tack the list on your bulletin board or over the nursery sink, or have it made into a rubber stamp and imprint it on the charts at the beginning of each shift, makes little difference. The main thing is to look at the babies regularly and check off the listed items systematically.

No one deliberately passes up the chance to help a sick baby. You'll be surprised how conscientiously the nonprofessionals as well as the R.N.s will make this routine check once it becomes standard practice. Fewer babies will then die of correctible birth defects.

END

Common Signs of Infant Distress

1. Increasingly rapid respirations (over 48 per minute)
2. Difficult or labored respirations
3. Sternal retraction
4. Excess mucus (baby drools or "blows bubbles")
5. Anxious, worried expression
6. Mild cyanosis (dusky appearance of hands and feet, and around mouth)
7. Abdominal distention
8. Inadequate meconium (less than $\frac{1}{2}$ cup in first 24 hours)
9. Inadequate voiding (none in first 24 hours)
10. Bile emesis

"It is concluded that
the addition of
buffering agents to
acetylsalicylic acid in
the concentrations used
serves no clinically
detectable useful purpose."¹

¹Sadove, Max S. and Schwartz, Lester: An Evaluation of Buffered Versus Nonbuffered Acetylsalicylic Acid, *Postgraduate Medicine*; 24:183, August, 1958.
Nonbuffered Material Used—Bayer® Aspirin.

Why your patients should know these facts about douching

Too often even the modern woman is totally ignorant of the importance of douching as a hygienic measure. Too often she hesitates to discuss this intimate subject, even with her doctor.

How fortunate, then, that such a woman can turn to the nurse for up-to-the-minute information . . . and for the competent counsel she needs.

The frank nurse will tell her patient that vaginal tissues are very tender and sensitive; that the folds of the vaginal mucosa provide a favorable environment for certain infections; and that odors can be very persistent. Perhaps never before has the patient realized that her comfort and well-being demand an antiseptic, germicidal preparation for the douche.

What solution is best?

It's *hard* to understand why—today—old-fashioned salt or vinegar solutions are *ever* used. These home-made solutions can *never* equal the protection of Zonite's antiseptic, germicidal action. For Zonite is a proven antiseptic, based on trusted Dakin's solution. It cleanses, deodorizes and soothes . . . effectively and safely.

It's *easy* to understand why so many nurses recommend Zonite. For a professional sample, write to Dept. RN-69, Dunbar Laboratories, Wayne, N. J.

How to Keep Healthy When Traveling

Continued from 55

should be thoroughly cooked and served straight from the stove. Otherwise the organisms, including worms, may be transmitted.

Some unfortunate travelers suffer from successive digestive upsets. Diarrhea that recurs and lasts longer than forty-eight hours may signal a serious illness. So stool specimens should be submitted for examination periodically to rule out an alimentary tract invasion by amoe-

interesting part-time position

R.N. to serve as editorial consultant. Need currently employed general duty nurse with editorial experience. Up to 20 hours' work a month available. Liberal remuneration, commensurate with ability. Unacceptable applications can't be acknowledged. Write Box 10, RN, Oradell, N.J.

bae. These parasites can cause frequent dysentery flareups if not completely eliminated with new chemotherapeutic agents.

Of course, frequent bouts of diarrhea may not be infectious at all. Some spicy foreign cuisines are just naturally laxative. For instance, foods drenched in olive oil and washed down with wine may act as cathartics when people aren't used to them.

Trying tasty native dishes is part of the fun of traveling abroad. But go slow till you've acquired a tolerance for them.

By observing these few simple precautions, you're likely to have a healthful vacation—and a happier one.

END

*Fight
Mental Illness*



**National Association
for Mental Health**

Convenient and Effective ANTACID



For Patients Away From Home

BiSoDoL Mints afford patients who work or are away from home—easily accessible yet prompt and effective relief from gastric hyperacidity. BiSoDoL Mints soothe irritated mucosa and exert prolonged diminution of gastric acidity without side effects. No risk of constipation, acid rebound or alkalosis. BiSoDoL Mints help restore the normal pH in the stomach. A most convenient, non-systemic antacid. Free from sodium ion.

COMPOSITION:

Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



WHITEHALL LABORATORIES, NEW YORK, N. Y.

RN • JUNE 1959 73

CURRENT CLINICAL STATUS OF TOPICAL HORMONES

At the Clinical Research Division of Helena Rubinstein,[®] studies devoted to the topical hormone approach to the aging-skin problem have been strongly influenced by the stated opinions of recognized clinicians as well as by results recorded in the current medical literature. For years this group has been closely identified with dermatologic research in this phase of clinical medicine.

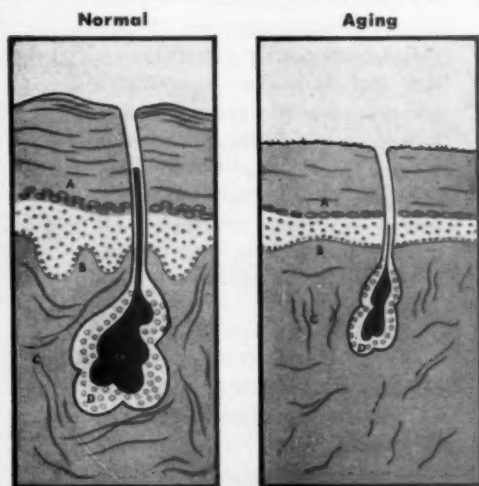
Aging Skin Linked with Waning Sex Hormones—Skin changes "constantly accompany the advance of the climacteric."¹ Aging female skin may appear dry, wrinkled, inelastic,² and feel "thinner...less resilient."³

Aging Skin and the Estrogen Decline—Marked changes of the skin occur "when the normal production of estrogen decreases."³

Changes in the epidermis: "The epidermis becomes thinner and the outermost horny layer appears looser."⁴ Epithelial cells are "small in size and poorly differentiated," and "normal projections of the epidermis into the cutis...absent."⁵

Changes in the dermis: "Flattening of the papillae...is one of the most characteristic changes."⁶ "The corium decreases in thickness with loss of elastic and collagen fibers."⁷ "Collagenous fibers grow thinner...elastic fibers...show clumping, shortening, thickening...subcutaneous fat shows degeneration...water content is reduced."⁸

Aging Skin and the Progesterone Decline—"Progesterone...has a striking growth-promoting effect on sebaceous glands."⁹



Changes in Female Skin
Upon Aging—(shown schematically)
A—Epidermis B—Papilla
C—Corium D—Sebaceous Glands

Changes in sebaceous apparatus: In aging skin, sebaceous glands "become much reduced in number," "...smaller and less active."⁷

Replacement Therapy with Topical Hormones—"Estrogenic hormones...progesterone...penetrate the intact skin rapidly and with great ease."¹⁰ Applied locally, steroids "have a profound effect upon the skin and its accessory structures."¹⁰

Controlled Studies with Topical Hormones—Estrogens: Published studies^{10,11,12} confirm that topical estrogens provide favorable response in aging female skin. Observations included greater succulence of the epidermal cells¹¹ and derma,¹² and improved elasticity.¹² Epidermal proliferation, new formation of elastic fibrils and increased vascularization were reported.¹⁰

Oral⁵ or parenteral¹³ estrogen did not produce these effects. It was stated that "there is definite support for the anti-wrinkling effect produced by the use of hormone cosmetics, based upon (a) the thickening of the epidermis, (b) plumping of the collagen fibres."¹⁴

PICARMEONE THERAPY IN AGING FEMALE SKIN

Progesterone: Results of topical progesterone applications on aging female skins were compared with those observed with estrogen creams and enriched placebos.¹⁵ Skin surface and biopsy examinations demonstrated that progesterone creams increased the surface oil and epidermal emolliency.¹⁶

Estrogens Combined with Progesterone: A face cream* containing 10,000 I.U. of natural estrogens and 5 mg. of progesterone was tested on aging female skin.¹⁶ Surface and histochemical studies revealed that nightly applications produced: a) hydration, or plumping (estrogen effect), and b) increased natural oil and emolliency (progesterone effect). Controls with estrogen creams indicated that the dermatologic effect of the combined cream appears to be enhanced by the synergistic action of the *two* hormones. Effects on menstrual cycles and significant changes in vaginal smears or urinary hormone secretion were not detectable. Patch tests (Schwartz-Peck and Draize-Shelansky),¹⁷ showed freedom from irritation and sensitization.

Hormone concentrations used in foregoing studies have been established to be "entirely safe" and free from systemic effects.

Beauty Through Science—The cosmetic industry has reported great strides made in recent years toward the achievement of superior products through scientific formulation and control. The Clinical Research Division of Helena Rubinstein® has contributed significantly to these advances.

Helena Rubinstein products have set the standards for the cosmetic industry at large. All preparations must pass the most rigid requirements for scientific rationale, attractiveness, efficacy, safety. Compounded with the same care as your topical prescriptions, you may recommend them with complete confidence. Helena Rubinstein Research is engaged in a never-ending search for improved cosmetic preparations and methods that will continue to offer increasing rewards for your patients.

References: (1) Masters, W. H., in Lansing, A. I.: *Cowdrey's Problem of Aging*, ed. 3, Baltimore, Williams & Wilkins Company, 1952, p. 651-685. (2) Hurxthal, L. M., and Musulin, N.: *Clinical Endocrinology*, Philadelphia, J. B. Lippincott Company, 1953, vol. 2, p. 948. (3) Blank, I. H.: *J.A.M.A.* 144:412 (May 25) 1957. (4) Traub, E. F., and Spoor, H. J.: *J. Am. Geriatrics Soc.* 1:805, 1953. (5) Goldzieher, M. A.: *J. Gerontol.* 1:196, 1946. (6) Rothman, S.: Panel Discussion, *Clinical Management of Skin Disease in Geriatric Patients*, *J. Am. Geriatrics Soc.* 6:575, 1958. (7) Nicholas, L.: *J. M. Soc. New Jersey* 54:524, 1957. (8) Lorincz, A. L., and Stoughton, R. B.: *Physiol. Rev.* 38:481, 1958. (9) Rothman, S.: *Physiology and Biochemistry of the Skin*, Chicago, University of Chicago Press, 1954, p. 41. (10) Goldzieher, J. W.; Roberts, I. S.; Rawls, W. B.; and Goldzieher, M. A.: *A.M.A. Arch. Dermat.* 66:304, 1952. (11) Curth, W., cited in Peck, S. M., and Klarmann, E. G.: *Practitioner* 173:159, 1954. (12) Traub, E. F., in Peck, S. M., and Klarmann, E. G.: *Practitioner* 173:159, 1954. (13) Chieffi, M.: *Gerontol.* 5:17, 1950. (14) Peck, S. M., and Klarmann, E. G.: *Practitioner* 173:159, 1954. (15) Spoor, H. J.: *Proc. Scientific Section, Toilet Goods Association*, No. 27:1 (May) 1958. (16) Clinical Research Division, Helena Rubinstein, Inc. (17) Traub, E. F.; Tusing, T. W., and Spoor, H. J.: *A.M.A. Arch. Dermat.* 69:399, 1954. (18) Sulzberger, M., cited in Peck, S. M., and Klarmann, E. G.: *Practitioner* 173:159, 1954.

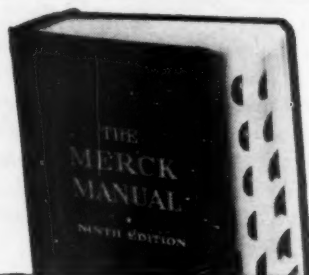
*Available as Ultra Feminine Face Cream, Helena Rubinstein, Inc.

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OF DIAGNOSIS AND THERAPY
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Over 1,800 pages, strong Bible paper, fully indexed and thumb-indexed, moisture-resistant cover. Size, 4 1/4" x 6 3/4" for convenience.

Ninth edition of world-famous medical reference book keeps pace with recent advances in medicine—up-to-the-minute facts on steroids, antibiotics, tranquilizers and other vital therapeutic compounds—378 chapters with full coverage of diseases and symptoms—1,600 prescriptions geared to today's medicine.

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- ☐ Check for \$5.25 enclosed. I save 40¢.
☐ Bill me \$5.25 plus 40¢ handling charge.

PRINT NAME AND ADDRESS

What's New in Drugs

Water Softener Removes Human Calcium: An industrial water softener once used to clean scaly deposits from inside boilers is getting a cautious trial for treating human ills. The compound, called edathamil disodium, ties up metallic ions and carries them away. Now marketed as *Endrate*, it may have many medical uses, especially in cases where tissues contain too much calcium.

The drug has reportedly helped patients suffering from scleroderma, a disease in which the skin gets hard and tight, then ulcerates. It has also been tried in digitalis poisoning on the theory that digitalis toxicity stems from excess calcium piling up in cardiac tissues.

New View of Heart Damage: Doctors are now using a contrast chemical that shows up birth deformities or other defects of the heart and the big blood vessels leading in and out of it. The drug, diatrizoate methylglucamine, is marketed as *Cardiograffin*.

How do doctors use it? First they heat the sterile solution to body temperature. Then they inject it as quickly as possible into a vein or even right into the heart. Finally they click off X-ray photos for fu-

for
skin
and
scalp

unsurpassed broad-range
germicide plus unique detergent action
relieves scaling • flaking • itching • infection

BETADINE SHAMPOO safely and successfully treats seborrheic conditions characterized by erythema, scaling and exfoliation, excessive dandruff, and pruritus. BETADINE SHAMPOO, for daily over-all cleaning, is an effective prophylactic agent in preventing acute inflammatory skin conditions caused by pyogenic organisms, and an excellent adjuvant to systemic antibiotic therapy.

BETADINE SHAMPOO is "...an effective and an aesthetic form of therapy for patients with seborrheic dermatitis of the scalp and pyoderma of the skin."¹

BETADINE[®] SHAMPOO

brand of Povidone-Iodine

nonstaining • virtually nonirritating

in seborrheic dermatitis: 1. Apply two teaspoonfuls of BETADINE SHAMPOO to hair and scalp, use warm water to lather. Rinse. 2. Again apply two teaspoonfuls of BETADINE SHAMPOO. Massage gently into scalp and allow to remain on the scalp for at least five minutes. 3. Work up lather to a rich yellow color, using warm water. Rinse scalp thoroughly. Repeat treatment twice weekly until improvement is noted.

in pyoderma: For prophylaxis, use nightly as a liquid cleanser on the entire body and leave on for five minutes, then rinse thoroughly. supplied: BETADINE SHAMPOO in 4 oz. plastic squeeze bottle, complete with directions.

1. Frank, L.: Research Report 1.35



established in 1905

TAILBY-NASON COMPANY, INC., Dover, Delaware

*the preferred
vaginal douche*

massengill[®] powder

Massengill Powder has a "clean" refreshing fragrance. It is favored all over the country.

Massengill Powder is buffered to *maintain* an acid condition in the vaginal mucosa. It is more effective than vinegar and simple acid douches. Its mild astringency alleviates the distress of inflamed tissues.

Massengill Powder has a low surface tension which enables it to penetrate into and cleanse the folds of the vaginal mucosa.

Indications: Massengill Powder solutions are a valuable adjunct in the management of monilia, trichomonas, staphylococcus, and streptococcus infections of the vaginal tract.

Write for samples and literature.



THE S. E. **M**ASSENGILL COMPANY
Bristol, Tennessee



*a few of the thousands
of comments from
RN's over the country*

...derton, Pa.

"I like Massengill Powder much better than vinegar."

...kegan, Ill.

"I find Massengill Powder more pleasant to use than vinegar."

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"Have used Massengill Powder for about 8 years."

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"Very refreshing, with a pleasant scent. It helps promote self confidence."

...ngstown, Ohio

"I have recommended Massengill Powder ever since I tried it."

...nesburg, Pa.

"I first learned of Massengill Powder on the Obstetric Floor where I trained . . ."

...and, Ore.

"Used it during my pregnancy and following delivery."

...n Grove, Wis.

"It is refreshing to use Massengill Powder and also to know you are using a properly compounded material."

...Manuel, Ariz.

"I used to have a great deal of trouble with vaginitis, have completely stopped it since using Massengill Powder."

...St. Paul, Minn.

"I like this powder best of any douche preparation I have used."

...Angeles, Calif.

"I have found it excellent, having recently had a hysterectomy, with of course, vaginal drainage."

...hall, Calif.

"Recommended it to a case of stubborn virus infection with excellent results."

ANY

THE S. E. **M**ASSENGILL COMPANY

WHAT'S NEW IN DRUGS

ture study from the time the chemical hits the heart till it leaves, several seconds later.

Better Iron Absorption for the Anemic: "But I can't take iron," complain many patients when the doctor prescribes iron by mouth. "It gives me diarrhea!"

Now comes a new anemia product, *Simron*, said to be free of such side effects. The product contains ferrous gluconate combined with a wetting agent, polyoxyethylene glucitan monolaureate.

The wetting agent is said to ease the iron through the intestinal wall and into the blood stream without giving it a chance to irritate delicate tissues. The blood's hemoglobin content reportedly rises more rapidly when this new drug is used.

Relaxers Fight Tension Ailments: Among the latest drugs in the fight against tension-caused ailments are *Enarax* and *Modutrol*, just introduced for treating gastrointestinal disorders. Both contain chemicals that relax smooth mus-

cle spasm, reduce acid secretions, and allay anxiety.

The calming agent in *Modutrol*, piperidino ethyl benzilate hydrochloride, has been marketed separately as *Sycotrol*. Given alone, *Sycotrol* is said to help patients with heart pain brought on by stress.

A Salve to Kill Stubborn Staph: "What can we do about resistant staph infections?" ask many doctors. One answer may lie in methachloride, marketed recently in ointment form as *Triburon*.

Neither an antibiotic nor a sulfa drug, *Triburon* is claimed to kill skin germs that those two won't touch. So it's being suggested for use on boils and impetigo, and in wounds and other infections where bacteria break through the skin's defenses.

The product is also available in combination with hydrocortisone (*Triburon HC*) to help stop itching and lessen inflammation.

—MORTON J. RODMAN, PH.D.

For dry, sensitive or irritated skin

NIVEA® Creme **NIVEA® Skin Oil**
and superfatted **BASIS® SOAP**
Trial supply on request

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hydro-
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Staph:
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ortisone
itching

N, PH.D.



It's about time someone found a better way and here it is...

An economical, easy-to-use unit for drainage collection that affords patient and nurse added convenience; saves time and money for your hospital.

BARDIC STERILE BEDSIDE DRAINAGE BAG

Unbreakable plastic, sterile; 2000 cc. capacity. Transparent and calibrated for easy measurement of patient's output.

BARDIC DUAL HANGER

Easily slipped over bed rail or side of wheel stretcher. For ambulatory patients, hanger serves as a handle. Durable plastic coating.



Aids nursing care—provides a simple yet effective "closed system" without special connectors, stoppers or caps. Reduces offensive odors and prevents entrance of air-borne contamination. Sterile bag reduces danger of ascending infection. Unit is easily emptied without fuss or bother.

Solves storage problem—500 bags occupy less shelf area than 2 glass jugs or 4 used i.v. bottles.

Simplifies housekeeping—the Bardic unit, suspended above the floor, helps maintain the neatness and clinical appearance of the modern hospital . . . keeps floor cleared for cleaning, does away with unsightly bottles; eliminates breakage and spilled urine.

The Cost? . . . as little as 5½¢ per day; less than the expense of collecting, washing, sterilizing and storing jugs or bottles.

C. R. BARD, INC. SUMMIT, N. J.

ORDER FROM YOUR HOSPITAL SUPPLY DEALER

RN • JUNE 1959 81

Guides for Giving Medications

Continued from 52

patient by his *full* name, and ask him to verify the name.

Stay with the patient until he's taken the medication. Never leave medicine at the bedside.

Chart the medication after the patient has taken it. If he refuses his medicine, chart this fact and also report it to the doctor. Discard the refused medication. (Unused medication is never poured back into the container.)

When preparing or giving a medication, avoid conversation.

This will allow you to concentrate on what you're doing.

If you're called away while preparing or giving a medication, return the medicine tray to the closet and lock the door. (The closet should be kept locked whenever it's not actually in use.)

Above all, don't give medications prepared by another nurse. And don't ask another nurse to give medications you've prepared.

The patient may never know how scrupulously careful you've been to protect him. But *you'll* know—and that's what really counts.

END

ABBREVIATIONS COMMON IN DRUG ORDERS

aa, of each
a.c., before meals
ad lib., freely, as desired
b.i.d., twice daily
cc., cubic centimeter
Gm., gram
gr., grain
gt. (gtt.), drop(s)
h.s., at bedtime
I.M., intramuscular
I.V., intravenous
m., minim
mg., milligram

non repetat., not to be repeated
o.d., every day
os, mouth
p.c., after meals
p.r.n., whenever necessary
q.h., every hour
q.2h. (q.3h., etc.), every two (or three, etc.) hours
q.i.d., four times a day
q.s., a sufficient quantity
s.o.s., once if necessary
ss., one half
Stat., immediately

t.i.d., three times a day

oncen-
g.
while
cation,
to the
(The
locked
in use.)
medica-
nurse.
urse to
e pre-
r know
you've
t you'll
really
END



Could you have helped this girl?

he had come to you when her acne
an, your advice might have pre-
ted these scars. You might have
gested she see her doctor, or you
ht have recommended 'Acnomel',
preparation so many doctors
scribe.

nomel' is flesh-tinted and masks un-
tly lesions as it heals them. The
mbination of sulfur, resorcinol and
achlorophene helps the affected
a get rid of keratinous debris and
ulent matter, and inhibits second-
bacterial infection. Improvement
ften apparent after only a few days.

'Acnomel' is supplied in two conven-
ient forms: Cream for use at home;
Cake in a handy compact for use any-
where, even as a base for make-up.

When you are asked about acne prep-
arations, or whenever you see a pa-
tient with acne, remember you can
recommend 'Acnomel' with confidence.

ACNOMEL®

sulfur—resorcinol—hexachlorophene
conceals as it heals

Smith Kline & French Laboratories,
Philadelphia

Compulsory Health Insurance for the Aged

Continued from 61

president of the A.M.A., says: "To accept the Forand blueprint for mass treatment is just as ridiculous as it would be to accept . . . a blueprint . . . for mass diagnosis . . .

"Care for the older citizen calls for a cooperative approach by nurses, doctors, hospitals, social workers, insurance companies, community leaders. It requires flexibility of medical techniques, a willingness to seek new

and promising solutions, an ability to chart new courses."

Chances are that Congress won't do much about the Forand bill until 1960, an election year. But hearings will probably be stepped up in time to get wide public attention before election. Then if the public clearly backs the bill, Congress may pass it.

Right now you can be sure of one thing: Compulsory health insurance for the aged—if it comes—is bound to affect nursing. So you'll want to learn more about the pros and cons, and take your stand accordingly. **END**

THE FAMILY LAXATIVE



Many medicine cabinets contain Ex-Lax, the family laxative because it was recommended by a doctor. When a gentle, effective laxative is needed, Ex-Lax may be used with confidence. Ex-Lax acts gently overnight . . . in the morning produces a stool very much like normal.¹ It may be safely given to the young and old as directed.² Each tablet of Ex-Lax contains the equivalent of 1½ grains of yellow phenolphthalein, biologically tested for effective action.

EX-LAX
IS GENTLE, EFFECTIVE

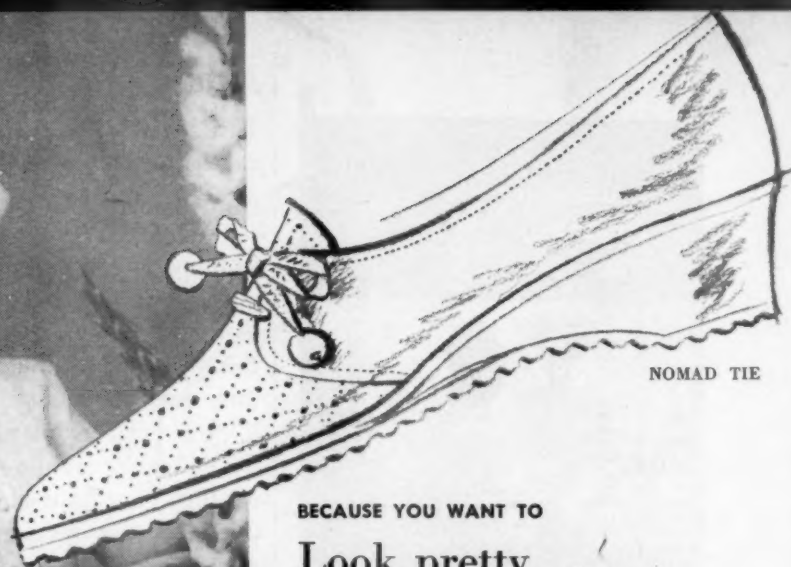


1. Beckman, H.: *Drugs, Their Nature, Action and Use*, W. H. Saunders Co., 1958, p. 440. 2. Blatt et al: *J. Am. Med. Assoc.*, Vol. 22, No. 6, 1943, p. 725. Abramowitz, E. W.: *Am. J. Dig. Dis.*, Vol. 17, No. 3, 1950, p. 81-82

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Look pretty as well as professional

No wonder they're the love of your busy life. Red Cross Professional Shoes have a crisp, knowing, professional air about them . . . a wonderfully soft and cushioned ease . . . and something more. They're so obviously fashioned for the girl (like you) who insists on looking *pretty* as well as professional. See them now at your retailer's.

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Bedridden and hospitalized patients needing sustained laxative medication appreciate Agoral especially...for both its pleasant flavor and its gentle, dependable action that promotes *natural*-bowel function. Prescribe 1 or 2 tablespoonfuls of Agoral at bedtime for a normal bowel movement next morning.

agoral[®]
the gentle laxative



Is Private Duty On the Way Out?

Continued from 50

so many R.N.s are recent graduates. This influx has reduced the average age of all nurses to thirty-five while that of private duty nurses remains at forty-five.

"Private duty has always been a field for the middle-aged," says an East Coast nurse. "When today's younger women enter their forties, many of them will look to private duty for their future."

There's one more argument the private duty nurse brings forward: In her branch of nursing she enjoys a personal relationship with the patient—one that continues usually right through to his recovery.

"There's nothing so satisfying," says an Ohio nurse, "as seeing a patient go from critical to fair to good to excellent—and to know that you've had a part in his recovery. Thousands of nurses feel this way. As long as they continue to do so, the future of private duty is assured."

Since one crystal ball is not apt to have any advantage over another, who can say that the prediction of the special that she's here to stay is less valid than that of the statistician who says private duty is on the way out? EN

As a high-potency source of vitamin C, citrus juice—fresh, frozen, or canned—is unmatched for convenience and economy. The table below shows amounts† of other fruit juices required to supply the 100 mg.* of vitamin C in one glass (7-9 fl. oz.) of citrus juice.

citrus	1 glass
apple	50 glasses
grape	9 glasses
pineapple	3-4 glasses
prune	50 glasses



†Data calculated from: Watt, B. K. et al., U.S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al. Agr. & Food Chem. 4:418, 1956.

***This is the peak of the Recommended Daily Allowances for adolescence or pregnancy; 150 mg. during lactation; 70-75 mg. for normal adults.**



Florida *Citrus*

FLORIDA CITRUS COMMISSION • Lakeland, Florida

ANGES
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NGERINES

news

Continued from 28

by V.A.: **Bone marrow**, withdrawn before radiation, was frozen, preserved, and later restored to patient via I.V. injection . . .

Flying by jet? Better see your dentist first. Nutrition News says you can get a **howling toothache** at high altitudes if cavities aren't properly filled . . .

Congenital cardiac disease is more effectively diagnosed by **double catheterization** of right and left heart simultaneously than by single-catheter method, say Drs. R.

G. Chang and B. J. B. Yim in report to Hawaii Medical Society . . .

Availability of **aqueous iodine** explains why many hospitals are resuming iodine prep for surgery . . .

Vasomotor collapse (which often follows brain concussion or blow over heart or in pit of stomach) may cause **myocardial infarction**, Dr. Franz Parr of Würzburg, Germany, finds. Keep victim lying down till collapse symptoms vanish, he advises . . .

Uncle Sam has cracked down on promoter of **bonbons containing pollen**. Promoter claimed candy

On our floor



BAXTER LABORATORIES, INC.

Morton Grove, Illinois

(\$22.72 lb.) and pollenized food supplement (\$19.70 lb.) would repair worn-out tissues, increase sexual potency, relieve arthritis pain, etc., etc. . .

National Office of Vital Statistics reports jump of 63 per cent in **infectious hepatitis** in recent 12-month period. Says upswing may continue for two more years if disease follows previous cycles . . .

Ambassador Travel Agency, New York City, reportedly specializes in handling arrangements for **physically handicapped tourists** . . .

From acting to nursing is the ca-

reer switch Mary Martin's teenage daughter says she'll make. Mary created the "Nurse Nellie" role in "South Pacific" . . .

Joliet (Ill.) school nurse used phone company's special service—eight-way hook-up—to explain **infectious hepatitis** to eight mothers at one time . . .

New 781-page book, "Current Therapy—1959," edited by Howard F. Conn, M.D., is described as "an invaluable **reference work** for nurses as well as doctors." Subject matter is arranged alphabetically, from Abortion to Zoster. W. B. Saunders, Philadelphia; \$12. **END**

IN MULTI-USE POUR BOTTLES: Normal Saline, Distilled Water, Urologic Solution G, Glycine 15% in Water.



, Illinois Pioneering parenterals for a quarter century

People expect nurses to know everything!

WHAT'S GOOD FOR
INSECT BITES AND
ITCHING SKIN ?



CUTICURA MEDICATED
LIQUID SOOTHES
INSTANTLY AND HURRIES
HEALING



Leading medical authorities collaborated to produce Cuticura Medicated Liquid, a modern antiseptic designed to soothe itching, smarting discomfort of mosquito bites, poison ivy, fresh sunburn, razor irritation, pimples, rashes, minor cuts, athlete's foot—speed healing—and never aggravate irritation, as so many current antiseptics do.

Antimicrobial Zones of 9 to 11 mm. are produced when tested against *M. pyogenes* var. *aureus* by the Agar-cup plate method.

Antipruritic As the 28% alcohol content evaporates, producing a cooling action, a high concentration of anesthetic ingredients soften the skin and relieve local discomfort.

Keratolytic A mild keratolytic of peeling action, vital in the treatment of acne, softens the keratinous plugs which prevents free flow of sebum.

Outstanding Penetration Antiseptic agents are carried deep into the cracks and crevices of the skin where bacteria and fungi may lodge and proliferate.

Free 6-Treatment Supply
in plastic tubes for
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Write Cuticura,
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ADMINISTRATOR: (a) Nurse, manage convalescent home, 35 beds, ideal New England community, top salary (b) Administer small doctor hosp. Alaska frontier town, prestige position in friendly community, \$5000, complete mtce. RN6-1 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

ANESTHESIA COURSE: The Memorial Hospital, Danville, Virginia, offers an 18 mos. course in Anesthesia for Registered Nurses. All agents and techniques taught. Complete maintenance and stipend paid for entire course. Approved by the A.A.N.A. and G.I. approval. Classes accepted in May and October. For information write Miss Virginia L. DeMaio, C.R.N.A., Director, School of Anesthesia, The Memorial Hospital, Danville, Va.

ANESTHESIA COURSE: The Cincinnati General Hospital School of Anesthesia offers an 18 mos. course of training in anesthesia for registered nurses. Instruction in all type of anesthetic techniques, including endotracheal intubation, spinal block, etc. Accredited by the American Association of Nurse Anesthetists. For information write Director School of Anesthesia, Cincinnati General Hospital, Cincinnati 29, Ohio. No tuition. Complete maintenance. Monthly stipend during last 6 mos.

ANESTHESIA COURSE: The Grace Hospital, Central Unit, School of Anesthesia offers to graduates of accredited schools of nursing, an 18 mo. course of training. Instruction in all types of anesthesia techniques. Classes accepted March and September. Accredited by AANA and G.I. approval. No tuition. Liberal stipend pd during entire training period. Write to: Director, School of Anesthesia, The Grace Hospital Central Unit, Detroit 1, Mich.

ANESTHETIST: Maternity relief, 3 to 4 mos. starting July. Yolo General Hospital, Woodland, Calif.

ANESTHETIST: Nurse experienced female for obstetrical anesthesia to relieve for summer vacations for 1, 2, or 3 mos. Salary \$420 per mo. plus room and laundry. For details call M. Henneberger CA. Monument 6-3000, Woman's Hospital Division of St. Luke's, 141 West 109th St., New York 25, N.Y.

ANESTHETIST NURSE: \$5,000 up yearly. Apply Dr. John Snow Chief Anesthesiology, Massachusetts Eye & Ear Infirmary, Boston, Mass.

ANESTHETIST, NURSE: To cover surgery and OB in 275 bed hospital with expansion program in process. Excellent facilities and personnel policies. Salary open. Call or write Personnel Director, 810 E. 27th St., Minneapolis 7, Minn. Phone Federal 2-7266.

ANESTHETISTS: (a) Only one on staff of small Alaska hosp., prosperous, progressive city, mtce. avail. \$550 up (b) Pacific North-

west 50 bed hosp. \$7200 (c) Join staff of 8, 500 bed hosp., ideal Florida summer-winter resort, \$6300-\$6900 (d) Need third anes. 125 bed hosp. busy surgery, leading M.W. city \$8500 start. RN6-2 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

ASSISTANT SUPERVISORS: Experience as a staff nurse necessary. Head nurse or supervising experience preferred. B.S. degree or equivalent credits. Rotational, evenings and night assignments available. Attractive salary arrangement. Apply Director of Nursing, Cleveland Metropolitan General Hospital, 3395 Scranton Rd., Cleveland 9, Ohio.

ATTENTION GENERAL DUTY NURSES: 400 bed County Hospital located 2 hrs. drive from San Francisco, ocean beaches, and mountain resorts in modern and progressive city of 35,000. 40 hr. 5 day wk., 3 wks. pd. vacation, 11 pd. holidays, pd. sk. lv., retirement plan and social security. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge. \$333 mo. start plus shift and service differentials. Must be eligible for Calif. registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, Calif.

ATTRACTIVE OPPORTUNITY—NURSES—O.R.: Get away from fog, smog, & industrial areas. Come to exciting, Wonderful Wyoming. 340 days sunshine, fresh air in year-round recreation area. Position vacancies, all shifts and types. 165 bed JCAH Hospital, with expansion program. Capitol city, growing medical center Wyoming. 50,000 pop. Home of Frontier Days and Warren Air Base, Metropolitan Denver 2 hrs. drive from Cheyenne. Excellent personnel policies; 40 hr. wk., 2-3 wk. vacation, sk. lv., new Nurse Residence at \$43 room and bd. Excellent housing facilities within 10 mins. of Hospital. Excellent starting salaries. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

CHARGE NURSES: At L.A. County General Hospital receive \$412 per mo. for evening and night shifts. Please write me for full information re job opportunities here. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif.

CLINICAL INSTRUCTOR, OUT-PATIENT DEPARTMENT: To plan student experiences in Out-Patient Department, integrate Community Nursing in formal and clinical instruction in all areas. NLN fully-accredited diploma program. 150 students. University affiliated. Excellent personnel policies including full tuition assistance for courses leading to advanced degree. Apply to Director of Nursing Education, Mount Sinai Hospital of Cleveland, 1800 East 105th Street, Cleveland 6, Ohio

CLINICAL INSTRUCTORS: For Nurse Instructor positions in NLN fully accredited 3 yr. diploma program. Starting salary \$516. All

the benefits of County Civil Service. Progressive school program, interesting and challenging hospital. Write Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif. for complete details.

CLINICAL INSTRUCTORS: Evenings and nights. In residential area adjacent to Chicago, minutes from loop shopping area and universities. Liberal personnel policies, salary depending on qualifications. 400 bed JCAH accredited general hospital. To coordinate student learning experiences in Medical and Surgical Nursing. Bachelor's degree in Nursing Education and some experience in teaching required. Apply Director of Nursing, West Suburban Hospital, Oak Park, Ill.

CLINICAL INSTRUCTORS IN MEDICAL NURSING AND OBSTETRICAL NURSING: Large general hospital located in a fine residential district. School of Nursing fully accredited by the N.L.N. with a student body of 193. Educational preparation and experience preferred. Salary dependent upon qualifications. Position open July 1, 1959. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

COLLEGE INSTRUCTORS: Immediate opening in newly established 2 yr. Associate Degree Nursing Program, offered by a 4 yr. Accredited College, student body approximately 800. Masters degree preferred, bachelors degree in nursing education and successful experience will be considered. Salary commensurate with education and experience. Apply Director of Department of Nursing, Indiana Central College, Indianapolis 27, Ind.

COME TO COLORADO VACATIONLAND: Night nurse wanted for modern, 22 bed general hospital, fine equipment, pleasant environment, \$275 plus one meal on duty, pd. vacation. An opportunity experience in the friendly atmosphere of a small hospital. Write Routt Memorial Hospital, Steamboat Springs, Colo.

COME TO NATION'S CAPITAL: Salaries \$4040, \$4490, \$4980 depending education and experience. Apply Director of Nursing, D. C. General Hospital, Washington 3, D. C.

DIRECTOR OF NURSES: (a) Direct Service and School, 350 bed hosp. near New York City, \$7-10,000 (b) Psychiatric hosp. 2000 beds, direct nurses, education, consult in new expansion program \$6-7200, M.W. (c) Direct all grad. staff 130 bed hosp. Mich. lake resort, \$6800 (d) Aast., nursing service, new 400 bed hosp., excellent opport. young progressive nurse, California, top salary. RN6-3 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

DIRECTOR OF NURSING EDUCATION: Nursing for the future. Opportunity to direct psychiatric nursing affiliation program supported by capable staff and backed by sound progressive administration, B.S. or M.S. required, will consider clinical instructor for advancement, beginning salary \$5580. James F. Fields, R.N., Director of Nursing, Box 476, Jamestown, N.D.

DIRECTOR OF NURSING SERVICE: Washington Suburban Hospital. Experience in supervision or assistant director required. Apply Administrator, Suburban Hospital, Bethesda, Md.

DIRECTOR OF NURSING SERVICE AND EDUCATION: In accredited 190 bed non-profit hospital in residential area of Philadelphia. Diploma School with 55 students. Master's Degree essential. Experience as an assistant desired. Salary excellent, commensurate with background and experience. Apply Administrator, Memorial Hospital, 5800 Ridge Ave., Phila. 28, Pa.

DIRECTOR NURSING SERVICE: \$500 to \$600—must have College Degree with successful background of supervisory experience. Permanent position new 108 bed general hospital. Employment July 1, 1959. Hospital opening October 1, 1959. Give full details in letter to Wm. S. Nichols, P.O. Box 235, Arlington Heights, Ill.

EDUCATIONAL DIRECTOR: 439 bed hospital, diploma degree program, 124-140 students. One class admitted yearly. N.L.N. Temporary accreditation, survey made recently. B.S. or M.S. degree, experience in supervision, teaching or assistant. Well qualified faculty, liberal personnel policies, salary open. Pleasant suburban community, 20 miles from Central Phila. Living accommodations if desired. Write Abington Memorial Hospital, Abington, Pa.

EVENING NURSES: Do you like to do your swimming, golfing and shopping in the morning? We have just the job for you. Start at \$412 a mo. as an Assistant Head Nurse. Write Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif. for details.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of \$20 for OR, afternoon and night tours. New 196 bed hospital, 46 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: All shifts, 106 bed fully approved rural hospital, located in beautiful Kittatiny Mountains, 1½ hrs. out of New York City. Starting salary \$265 plus meals on job and laundry of uniforms, as well as liberal shift differential, merit raise system and fringe benefits. Living accommodations available. Contact Director of Nursing Service, Newton Memorial Hospital, Newton, N.J.

GENERAL DUTY NURSES: We have openings on Medical, Orthopedics and Communicable Disease Services. Apply at once. With acceptable experience you may start at \$395 a mo. Write Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif.

GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Salary \$340 days, \$370 even., \$360 nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: Modern air-conditioned 215 bed hospital. 37½ hr. wk., pd. vacation, holidays and sk. lv. Blue Cross and Social Security benefits. Florida registration required. Apply Director of Nurses, St. Luke's Hospital, Jacksonville, Fla.

GENERAL DUTY NURSES: For JCAH accredited 210 bed general hospital with NLN provisionally accredited school of nursing. Pleasant suburban environment 35 mi. from NYC. 40 hr. wk. \$300 per month. \$30 differential for 3-11 and \$20 for 11-7. Regular increments, liberal personnel policies including generous sick time and vacation allowance, 8 paid holidays. Scholarship aid available for continued collegiate study. Social Security, good living facilities provided at \$30 per month. Call or write Director of Nursing, White Plains Hospital, White Plains, N.Y. Telephone WHITE Plains 9-4500. [MORE]

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If you believe that Rehabilitation is good basic nursing care, then join the graduate staff of a hospital that ...

- is internationally known for its work and research in Rehabilitation,
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- has reduced the length of stay for the average patient from three years to six months,
- is daily reaching rehabilitation goals and reclaiming lives of the impaired and disabled,
- combines medicine, physical medicine, nursing, psychology, medical social service and other disciplines into an effective team which provides the "total push" needed for the rehabilitation of the disabled patient,
- provides scholarship funds for advanced education, progressive personnel policies, modern equipment, and a challenging future.

Write to the Director of Personnel Relations for information on employment opportunities and personnel policies. Applications are referred to the Director of Nursing.

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How often do you hear patients say: "My lips are so dry!" And how easy it is to apply the soothing comfort of 'CHAP STICK.' This handy little bedside companion is specially medicated for "hospital lips." It's the first antiseptic lip balm. You'll be surprised how much your patients will welcome the relief that 'CHAP STICK' brings — how thankful they'll be to you for suggesting it. Use it on your own lips, when they're chapped or cracked by wind and weather.

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GENERAL DUTY NURSES: 2 or 3, registered, for rotating service in privately owned 30 bed hospital. Good salary, social security fringe benefits. Located in Black Hills of South Dakota. Address Director of Nursing Services, Homestake Hospital, Lead, S. D.

GENERAL DUTY NURSES: Wanted for summer months June 1st thru September. 58 bed fully approved General Hospital. Spend your summer in Bar Harbor gateway to Acadia National Park. Enjoy the cool sea breeze away from the summer heat. Write for details Mt. Desert Island Hospital, Bar Harbor, Maine.

GENERAL DUTY NURSES: 84 bed hospital, finest equipment, 40 hr. wk., very liberal personnel policies, pleasant working environment, rotating shifts. Salary range \$302 to \$411 monthly. \$20 evening and night differential. Atomic Energy Project, not Civil Service. Write Director of Nurses, Los Alamos Medical Center, Los Alamos, N. Mex.

GENERAL DUTY NURSES: Wanted immediately to work in new, modern hosp. in area consisting of new facilities, town, restaurant, hotel and year around recreation. Excellent starting salary, pd hosp. and surgical insurance plan and pd annual vacation. Extra shift pay and overtime. Attractive nurses' quarters. Write William J. Boron Personnel Dept., White Pine, Mich.

GENERAL DUTY NURSES: 120 bed hosp. in southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary \$300 with a charge of \$23 for full maintenance, additional \$10 per mo for eve and night duty with regular increases. Surgical nurses starting salary \$310 plus \$5 per ca after 6 pm. Write Director of Nurses Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES & OR NURSES: 3-11 p.m. gen. duty, hospital on San Francisco Bay. 5 day wk, salary \$320 plus \$15 added for 3-11 and \$10 for OR duty. Maintenance available. Director of Nursing, Alameda Hospital, Alameda, Calif.

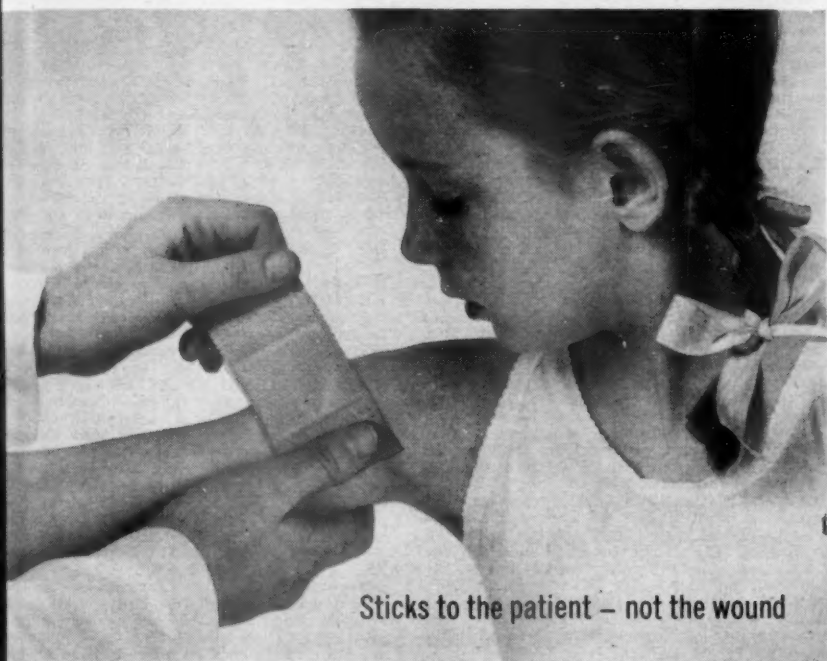
GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings \$76.80-\$89.60 per wk, nights \$73.60-\$86.10, days \$64.00-\$75.60. Openings in Medical, Surgical, Obstetrics, Pediatric Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. App. Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY, SURGICAL AND PEDIATRIC NURSES: 276 bed gen. hosp. in residential suburb of Chicago. 40 hr wk, cash salary and live in, \$275 day duty, \$295 PM duty, \$290 night duty plus private room in new nurses residence, 3 meals per day and free laundry of uniforms. Cash salary as live out, \$320 day duty, \$340 PM duty, \$310 night duty plus 1 meal and free laundry of uniforms. Low rental apartments available for married nurses. Planned service increases at regular intervals. Many other benefits. Write Personnel Director, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: 370 bed approved gen hosp, intern and resident program \$315 per mo starting salary, \$15 per mo merit increases at 12, 24, 36 mos. 40 hr wk. 2 wks pd vacation, pd sick lv accumulative to 30 days 7 pd holidays. Pleasant coast city in outstanding recreational area. Apply: Director of Personnel

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*A completely self-contained sterile dressing.
Excellent for covering incisions, small wounds
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sonnel, Seaside Memorial Hospital, Long Beach 13, Calif.

GENERAL STAFF NURSES: Positions on all services with opportunity for professional advancement in a 400 bed hospital. Rotating, or permanent evening and night assignments. 40 hr. wk. Salary \$345 to \$372.50 per mo. with planned merit increases, substantial evening and night differential. Retirement pension plan. Blue Cross, social security, liberal vacation and sk. lv. policy. Convenient transportation to educational and cultural facilities accessible. Good residential area. Apply Director of Nursing, West Suburban Hospital, Oak Park, Ill.

GENERAL STAFF NURSES: Because we are friendly people it is fun to work in the preferred department of a 200 bed JCAH general hospital enthrallled in the extensive building program creating opportunity for advancement. Liberal personnel policies include 40 hr wk, retirement plan, Social Security, pd hospitalization insurance premiums, cumulative 80 day sick leave, 2 wks vacation, 6 holidays, excellent meals at cost, cozy rooms at \$20 per mo, in-staff educational program. Approximate initial salary eves \$349, nights \$343, days \$325. Annual increase yearly approximates \$215. High standard patient care maintained by nurses permitted to use professional preparations. Ideally located near Detroit with convenient transportation to make off duty hrs. interesting. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GRADUATE NURSES: Opportunities unlimited for staff nurses at Cleveland Metropolitan General Hospital. Check the following advantages. (1) Large hospital-wide variety of services (2) University affiliated (3) Pd. vacations, holidays, sick lv. (4) Pd. tuition for further study (5) Comfortable low cost housing (6) Salary \$300-\$370 per mo. Apply to Director of Nursing, 3395 Scranton Rd., Cleveland 9, Ohio.

GRADUATE NURSES: For JCAH approved hospital all services. Starting salary 5 day 37½ hr. wk. staff duty \$325 monthly with evening & night shift differential. Supervisors \$395 per mo. with increments every 6 mos. Liberal vacation and sk. lv. policy. Apply Director of Nursing, Norwegian-American Hospital, 1044 N. Francisco, Chicago 22, Ill.

GRADUATE NURSES: For medical and surgical services, modern 263 bed mid-Manhattan hosp. 5 day 40 hr wk. Starting salary floor duty \$310, Eves. \$350, midnights \$340, scrub nurse \$320. Uniform laundry, 2 meals per tour. 4 annual increases, 4 wks vacation, 12 holidays, sick lv 12 days per year cumulative. Social Security, Health Service, free hospitalization. Opportunities for special assignments, research nursing bonuses and postgrad. study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: Positions available in August, 1959 in a modern children's hospital for graduate nurses who wish to work with children. Must be eligible for registration in Ohio. Openings will be in several clinical areas and the operating room. Excellent starting salary and other advantages. Apply Director of Nursing, The Children's Hospital, Cincinnati 29, Ohio.

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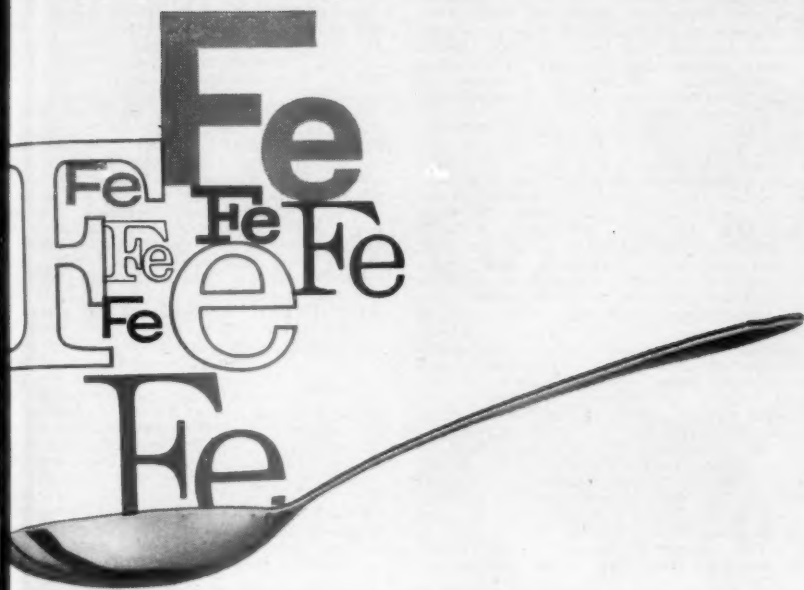
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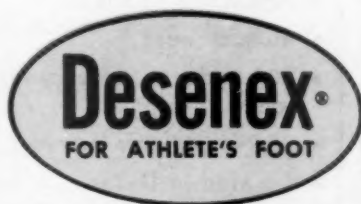
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REGISTERED NURSES: Starting staff R.N.'s \$3960 per annum increased to \$4320 end of 3 yrs, increased to \$4800 end of 8 yrs. Complete fringe benefits. Contact Supt. of Nurses, Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: California coastal area. Ideal climate. New hospital, good promotional possibilities, liberal vacation and sk. lv. Canadian nurses eligible. Salary starts at \$315 per mo. Apply Personnel Dept., Court House, Ventura, Calif.

REGISTERED NURSES: Staff modern 200 bed hospital on Long Island's north shore 35 miles from NYC. Starting salary \$300 per mo. Differential evenings nights. 3 wks. vacation first year, 4 wks. thereafter. No rotation, Blue Cross and life insurance paid by hospital. Write Director of Nursing, Huntington Hospital, 270 Park Ave., Huntington, N. Y.

REGISTERED NURSES: 213 bed general hospital. Liberal salary and personnel policies. All shifts and services available. Progressive, hospitable city, 90 miles from seashore. Ideal climate, adjacent military bases. Contact Director Nurses, Phoebe Putney Memorial Hospital, Albany, Ga.

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REGISTERED NURSES: Positions available in 230 bed gen. hosp. located in beautiful resort area. Liberal personnel policies, 40 hr wk, other fringe benefits. Apply Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

REGISTERED NURSES: Positions available in 90 bed general hospital. Beginning salary \$300 per mo. with pay increase after 6 mos., after 12 mos. and annually thereafter. Cash shift differential, 40 hr. wk., 8 holidays. Retirement Plan and other liberal personnel benefits. Picturesque Nurses' Home with meals and laundry available at reasonable cost. Write Director of Nurses, Miners' Hospital of New Mexico, Raton, N. Mex.

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REGISTERED PROFESSIONAL NURSES: General staff and operating room for 200 fully accredited general hospital, proximate New England beaches. Policies for 40 hr. include alternate weekends, 9 pd. holiday the minimal fee living quarters. Opportunity for graduate study available. Address Director of Nursing Service, Woonsocket Hospital, Woonsocket, R.I.

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STAFF NURSES: 410 bed hospital with expansion program located on Florida's Gulf Coast. Starting salary \$260 for days, \$275 evenings and nights. In-service program, annual increases, 8 holidays, sick lv. and vacation benefits. Apply Director of Nursing, Mound Park Hospital, St. Petersburg 1, Fla.

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American Cystoscope Makers, Inc.	111
American Sterilizer Co.	7
Arabian American Oil Co.	110
Armour & Company	32
Ayerst Laboratories	IBC
Bard, Inc., C. R.	81
Barnes Hospital	106
Bauer & Black (Div. of Kendall Co.)	61
Baum Company, Inc., W. A.	24
Baxter Laboratories, Inc.	88, 89
Bayer Company, The	71
Baylor University Hospital	104
Becton, Dickinson & Co.	65
Borden Company, The	17
Bristol-Myers Company	BC
California State Personnel Board	97
Carbisulphoil Company, The	110
Chap Stick Company	94
Cuticura	90
Davol Rubber Company	29
Desitin Chemical Company	27
Dome Chemicals, Inc.	109
Duke Laboratories	80
Dunbar Laboratories	72
Eaton Laboratories	4
Ex-Lax, Inc.	84
Fesler Co., Inc., The	14
Fleet Co., Inc., C. B.	13
Florida Citrus Commission	87
Gerber Products Co.	101
Glenbrook Laboratories (Div. of Sterling Drug Inc.)	67
Gomco Surg. Mfg. Corp.	107
Heinz Company, H. J.	16
Highland View Hospital	93
Johnson & Johnson	95
Johnson's Foot Soap	28
Knox Gelatine Co., Inc.	22, 23, 24, 25
Lavoris Company, The	68
Leeming & Co., Inc., Thos.	1FC
Lilly and Company, Eli	19
Maltbie Labs., Div. of Wallace & Tiernan, Inc.	30, 103
Massengill Company, The S. E.	78, 79
Medical Bureau, The	104
Merck & Co., Inc.	76
Miners Memorial Hospital Ass'n.	99
New York Pharmaceutical Co.	69
Norwich Pharmacal Co.	6
Noxzema Chemical Company	18
Pabulum Products	112
Parke, Davis & Co.	15
Pharmaseal Laboratories	2
Preparation H	98
Puritan Uniform Co.	28
Rubinstein, Inc., Helena	74, 75
Smith, Kline & French Labs.	83
Suffolk Laboratories	108
Tailby-Nason Co.	77
Tampax Incorporated	20
Taylor Instrument Companies	12
U. S. Shoe Corp.	85
Warner-Chilcott Labs.	8, 86
White Laboratories	9
Whitehall Laboratories	10, 73, 90

111
7
116
32
IBC
81
105
63
26
88, 89
71
104
65
17
BC
97
110
94
90
29
27
109
80
72
4
84
14
13
87
101
67
107
16
93
95
28
24, 25
68
IFC
19
30, 103
78, 79
104
76
99
69
6
18
112
15
2
98
28
74, 75
83
106
77
20
12
85
8, 96
9
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